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ABSTRACT

This teacher's guide focuses on ways to prevent teenage pregnancy by teaching and practicing the interpersonal skills necessary to help teenagers abstain or utilize effective contraception methods. The practice in this carefully-tested, 15-lesson curriculum comes in the form of role plays, class discussions, and homework assignments that focus on helping students to improve interpersonal skills and to gain confidence in their ability to manage difficult situations. The introduction states that this distinctly active approach to teenage pregnancy prevention is based on a promising educational model that combines cognitive and social skills training. While providing information about abstinence, contraception, and sexually transmitted diseases, this document blends the facts with a series of skill-building exercises. The curriculum thoroughly covers the advantages of sexual abstinence and encourages teenagers to choose abstinence through several skills integration lessons. For those teenagers who are already sexually active, the curriculum reinforces the use of contraceptives. Homework assignments are included that give students the opportunity to interview their parents or guardians about their attitudes about abstinence and sexuality. The curriculum also provides detailed "Parent Notification and Permission" guidelines for educators, which address informed consent for student participation in the program. (ABL)

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RICHARD P. BARTH, MSW, PHD

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REDUCING THE RISK

BUILDING SKILLS TO PREVENT PREGNANCY

Richard P. Barth, MSW, PhD

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DEDICATION

To James Richard Barth and Catrina Lynn Barth with the hope that efforts like this will help make their adolescent years safer, more responsible, and happier.

—R.P.B.

PUBLISHER'S NOTE

This curriculum was developed with the specific intent of influencing adolescent sexual behaviors. As such, its content is specific to the building of skills that are determinants of those behaviors. It is designed to be embedded in the context of a comprehensive family life or health education program and is particularly appropriate in communities where there are high rates of teen pregnancy, sexually transmitted disease and substance use.

Some of the material in this publication is controversial due to the nature of the subject matter covered. The laws related to teaching sensitive topics in the classroom vary throughout the country and will have an effect on what may be taught and how it is presented. We recommend that teachers understand and apply district policies and state mandates and obtain parental, school board and administrative support before using the material.

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PREFACE

Young people almost always want to avoid pregnancy. The ways to do this are to abstain from sex or to use contraception **consistently** and **effectively**. Many youth will be most comfortable abstaining from sex—this curriculum teaches them what they need to know and do to abstain. Other youth will risk pregnancy unless they contracept. To abstain or contracept, teens must know the risk of pregnancy, what to do to abstain or contracept and how to manage social situations so they can.

The need for an effective program to delay sexual activity and prevent pregnancy has never been greater. More than half of America's high school students report having sexual intercourse by the end of the 12th grade (Hofferth, Kahn and Baldwin 1987). One out of every 10 women age 15-19 in the United States becomes pregnant each year (Trussell 1988). Parents increasingly appreciate the need for schools to teach their children ways to prevent pregnancy and sexually transmitted disease, including AIDS. In a recent Louis Harris poll (Harris 1988), 95 percent of adults indicated that teenage pregnancy is a serious problem and 89 percent favored sex education in the schools. A full 73 percent supported making birth control information *and* contraceptives available in school clinics. (The percentage of adults who would support providing abstinence and birth control information, as this curriculum does, is certain to be far higher.) Of course, these parents and many more also want their children to know that abstinence is the only completely safe form of pregnancy prevention and to know what to do to avoid sex.

The author recognizes that pregnancies are not prevented only by increasing adolescents' knowledge and skill in avoiding or effectively handling peer situations that might otherwise involve unprotected sex. Serious pregnancy prevention efforts are comprehensive and include increasing opportunities for communication between student and parent and students and school personnel. They involve enhanced health care, extracurricular activities, and jobs and careers that present compelling alternatives to risk taking and early parenthood. Whereas this curriculum is a good complement to such school, church and community activities, it is certainly not a substitute for them.

Recent research (Trussell 1988) indicates that many youth become pregnant because they do not know how to prevent pregnancy or they do not anticipate the need for birth control because they don't expect to have sex. This curriculum hits both of these reasons head on. Much time is spent clarifying

what one needs to know to prevent pregnancy and how to identify the signs that a sexual encounter might occur. Youth who complete this curriculum should be neither ignorant about nor surprised by sex. They will not get pregnant because they have never had practice telling someone they do not want it. They will not have sex simply because it is easier to do than to talk about.

The educational basis for *Reducing the Risk: Building Skills to Prevent Pregnancy* asserts that learning follows from action. This curriculum requires active student participation in role play situations that simulate those they are likely to confront outside the classroom. Students will be better prepared for such encounters after practice and rehearsal with difficult situations. Homework provides students the opportunity to interview their parents or guardians about their attitudes about abstinence and sexuality, visit stores or clinics that sell or provide contraceptives, and anticipate situations that might lead to pregnancy. Through the activities in this curriculum students obtain information and practice with interpersonal skills to keep from becoming pregnant. Other, less active approaches to sexuality education have had little success in reducing unplanned adolescent pregnancies (Stout and Rivara 1989). This approach follows a more promising model that combines cognitive and social skill training (Barth 1986; Barth, Middleton and Wagman 1989; Gilchrist and Schinke 1983).

Information

Although information alone does not keep young people from having sex or getting pregnant, accurate information about the consequences of premature sex and pregnancy may strengthen a youth's resolve not to have sex or not to have it without protection. Knowing that many of their peers do not have sex also helps youth understand they have the option to abstain.

For information to influence decisions, students must understand that the information is about them. Students complete several activities that bring the implications of becoming a teenage parent down to their daily lives. Students also describe their own reasons for abstaining from sex or using contraception. They discuss these reasons with parents or guardians and they practice stating their opinion during role plays, class activities and discussions, and homework assignments.

Social Skills

The greatest emphasis of *Reducing the Risk* is teaching students the interpersonal or social skills they can use to abstain or contracept. No judgment is made about which of these responses is best. Rather, students learn that they must consult with their parent(s) and their consciences to decide what to do. The curriculum provides ideas, skills and practice to do it effectively. The key skills are:

Refusal statements—responses that clearly say no in a manner that doesn't jeopardize a good relationship, but which leaves no ambiguity about the intent not to have sex or unprotected sex.

Delay statements and alternative actions—ways to avoid a situation or delay acting until the person has time to decide what to do or say or until she or he is more prepared to implement a decision. These are incompatible with impulsive and unprotected sex.

All skills are first explained and demonstrated by the teacher and then practiced by the students in role plays.

How the Curriculum Was Developed

The curriculum does not assume that youth have sex primarily because someone else pressures them into it by intimidation or suggesting they will be considered inadequate if they abstain. Our interviews and focus groups with young people quickly countered this simple notion. The pressures to try sex are internal as well as external and stem from pervasive familial and social messages that it is good to try new things, to be curious about the world, and to pursue meaningful loving relationships. This curriculum recognizes the value of these desires but helps students learn skills to prevent such influences from leading to adolescent pregnancy.

The curriculum has three major influences. The first is the adolescent pregnancy prevention project developed by Lewayne Gilchrist, Steven Paul Schinke and their colleagues (among whom the author counts himself lucky to be one) in the early 1980s. References to their creative and seminal work are listed at the end of the Preface. The curriculum also draws on the author's more recent work on social and cognitive skills training (Barth 1986) and coping with adolescent relationships (Barth, Schinke and Maxwell 1983). Finally, ETR Associates' experience with developing curricula for sexuality education has clarified many elements of a successful curriculum.

Reactions from teenagers have been critical to testing the assumptions and specifics of the curriculum. First, four multiracial focus groups of tenth graders in urban, suburban and rural communities were conducted to get suggestions about ways to make the exercises more fitting and effective. These groups also generated ideas for new activities. Information gleaned from these teen consultants is incorporated into all aspects of the curriculum: the vignettes, role plays, classroom activities and homework assignments.

The first version of the curriculum was then pilot-tested by a total of six ETR Associates staff and teachers in five diverse schools. The settings included two continuation (alternative education) school classes, an English as a Second Language class, and classes in suburban, rural and inner city schools. Every class was observed in at least three different schools. Extensive revisions were completed following this pilot testing. The revised curriculum was then implemented in 19 classrooms situated in 13 school districts spread across California from a few miles south of Oregon to the edge of the Mexican border. Few, if any, programs to prevent pregnancy have undergone such meticulous development. The seriousness of this topic deserves no less.

Preliminary Results

The preliminary results from implementing the curriculum are exciting. Students reported high interest and satisfaction in the program. Students have found the curriculum to be relevant, well-focused and useful. To date, more than 250 students have provided their evaluation of the curriculum. More than 4 out of 5 agreed or strongly agreed that the role play situations were useful. The emphasis on role playing was especially well received and students supplemented those in the curriculum with many original and personal creations. Almost 9 out of 10 agreed or strongly agreed that the content on birth control was useful. About half agreed or strongly agreed that they could talk to their parents more

easily about sex and relationships since taking the course and three-quarters agreed or strongly agreed that they could talk with their boy/girlfriend more easily about sex and relationships. Nearly 3 out of 4 students rated the curriculum good or excellent and 3 out of 10 students had already used some of the skills learned in the class *by the end of the 15-class unit.* This approach clearly has the favor of the students.

Teachers also endorse the curriculum. Almost 80 percent of teachers indicate that the draft curriculum they used was clearly written and 70 percent agreed that the organization and format was easy to follow—even the first time through the curriculum. About 90 percent thought that the role play situations were realistic and the same percentage strongly disagreed that they were uncomfortable presenting the curriculum. Teachers were unanimous in their agreement that most students participated in class discussions and that the birth control content was relevant to students; they were nearly unanimous that the amount of content on abstinence is appropriate. Teachers who delivered the curriculum were generally very pleased that they did. Their success occurred even though they were teaching it for the first time. My own experience as a teacher tells me that this is the least likely time to be satisfied with a program. Also, this curriculum requires that teachers develop skill in getting students to role play. The procedures have been fine tuned and simplified and are carefully detailed in the curriculum. I anticipate that teachers will enjoy much satisfaction from their success engaging students in role plays and will find many uses for this approach across subjects and time.

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While the author seriously considered all input from this group, involvement in the Advisory Committee does not necessarily constitute an endorsement of the curriculum. The author is solely responsible for its content.

Parts of this manual are adapted from ETR Associates' excellent sexuality and health education curricula, including *Sex Education: Teacher's Guide and Resource Manual* (Bignell 1982), *Saying No to Alcohol* (Abbey and Wagman 1987), and *Teaching AIDS* (Quackenbush and Sargent 1988). The development was primarily funded by a grant from the Stuart Foundations.

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INTRODUCTION

Major Concepts

Three major program concepts provide the foundation for this curriculum:

1. Abstaining from sexual activity *or* refusing unprotected sexual intercourse are the only responsible alternatives for teenagers.
2. Correct factual information about conception, contraception, AIDS and other STDs is essential for responsible sexual behavior.
3. Effective communication skills about abstinence and refusal skills related to unprotected sexual intercourse contribute to responsible sexual behavior.

Program Objectives

As a result of participating in classes that use this curriculum, students will be able to:

1. evaluate the risks and lasting consequences of becoming an adolescent parent;
2. recognize that abstaining from sexual activity or using contraception are the only ways to avoid pregnancy;
3. conclude that factual information about conception and contraception is essential for avoiding teenage pregnancy; and
4. demonstrate effective communication skills for remaining abstinent and for avoiding unprotected sexual intercourse.

How to Use the Curriculum

Each class includes a synopsis of activities and the approximate time required for each activity, materials needed, detailed steps for leading each activity, student worksheets and handouts, role play scripts, teacher references and homework assignments.

The classes are designed for 45-minute periods; however, most can be expanded to fill two periods by increasing practice time and providing more time for discussion and disclosure. Students may initially be hesitant about the expectations for role play performance, but they soon begin to enjoy those opportunities and use them to great advantage. Productive use of the curriculum insists that teachers continue to encourage students to practice their interpersonal skills in role plays. As an old saying goes, "you are what you pretend to be." The more students pretend and practice to effectively say no to sex or to use contraception, the more likely it is that they will act that way outside of the classroom.

Parent Notification and Permission

Informed consent is a critical ethical issue in the implementation of *Reducing the Risk*. Students participating in the program must be aware of what is involved and their **parents must know, in detail, the curriculum content and process** and grant permission for their child to participate.
Three steps are recommended:

1. Announce *Reducing the Risk* in the semester prior to implementation.
   a. The announcement should be included in a regular means of communication by the principal to the parents.
   b. The announcement should clarify that this is primarily a new approach to teaching family life education as opposed to new curriculum.
   c. The announcement should express the purpose of the curriculum: to reduce teen pregnancy by teaching social skills to successfully handle situations that may result in an unwanted or unprotected sexual encounter.
   d. The announcement should precede registration so parents and students will be aware of a change in the family life education course.
2. Students registered for the class should receive a letter informing them and their parents of the process and content of the program. The letter should:
   a. describe in detail the content of the 15-day curriculum;
   b. inform parents that they may view the full curriculum at the district/high school office; and
   c. include a permission slip for written parental approval for admission to the class.
3. A parent preview night should be planned to give parents an opportunity to meet the teacher and better understand the rationale and teaching approach to be used in this unit. The meeting should present an overall description of the unit, give parents an opportunity to experience some of the learning activities, and discuss the homework assignments and the perceived benefits of doing these assignments.

Follow District Guidelines

Before teaching this unit the teacher must be certain the program concepts, objectives and approach are within district guidelines and have the full support of the administration, the school board and parents whose children are enrolled in the class.

PRIOR TO CLASS 1

INITIATING *REDUCING THE RISK*

SYNOPSIS

Reducing the Risk is designed to be incorporated into a broader family life education program. Before initiating the unit, groundrules for classroom discussion must be established and parent notification and permission for student participation accomplished. Procedures for both are outlined.

PREPARATION

- Decide how groundrules are going to be presented to students. As necessary, list groundrules on butcher paper for posting and/or make a copy for each student.
- According to district guidelines, write and copy parent permission letters for distribution at least two weeks prior to teaching any topic of sexuality or this curriculum specifically.
- Begin to prepare for the **Visit or Call a Clinic** assignment in Class 8.

TIMELINE

Activity	Time	Schedule
Groundrules	15 minutes class time	At least one day prior to Lesson 1
Parent Permission	10-20 minutes class time	At least 2 weeks prior to any lessons about sexuality

Groundrules for Classroom Discussion

To accomplish the goals of this program, students need to feel free to talk about sexuality and birth control. It is not always easy for students to do so. To create the atmosphere of trust and comfort in which sufficiently detailed discussions can take place, groundrules for classroom discussion should be established.

One option for establishing groundrules is to use the list of *Guiding Principles for Groundrules* suggested in this section. These groundrules can be posted on the chalkboard or bulletin board and/or copied for each student.

Another method is to elicit the groundrules from students using the Socratic method:

- Ask students to suggest reasons why people might be afraid to speak up in a class that deals with sexuality. Draw such reasons as embarrassment, fear of what others would think, not knowing correct words or terms, appearing to know too much, looking dumb, etc. (Note: keep the discussion in terms of other people's fears to allow freer discussion.) List these fears on the board.
- When a reasonable list has been made, ask students for groundrules that would make it more comfortable for everyone to speak freely.
- Generate a list of groundrules that include the following:

Guiding Principles for Groundrules

1. Everyone has the "right to remain silent" about any thoughts and actions they wish to keep private.
2. Every question is a good question; every comment is worthy of consideration. Questions indicate a desire to learn or to confirm what you suspect. Students who ask the most questions will also learn the most.
3. Teasing, putting down or talking about other class members' com-

ments inside or outside of the classroom is rude and should not be done.

4. The teacher will respect the above confidentiality groundrule as well, except when she/he is required by law to disclose information (for example, when a student gives reason to suspect sexual abuse). Confidentiality cannot be maintained if what is shared is illegal or dangerous to you or other students (for example, if a student confides that he or she is using heroin at school).

5. If you or people you know have a concern, complaint or question about the class, discuss it with the teacher as soon as possible.

6. When you discuss the issues raised in class with parents, give an accurate accounting of what the class is about. Try to give specific examples and do not sensationalize.

7. Role plays can be informative and fun if treated seriously in class and forgotten after class. Because role plays are based on a fictional situation, every student may say things in the role play that they would not say otherwise. Nothing said in a role play should be considered to indicate an interest in having a relationship or sex.

Steps for Parent Notification and Permission

Informed consent is a critical ethical issue in the implementation of *Reducing the Risk*. It is essential that parents know the content and process and grant permission for their child to participate.

Four steps are recommended:

1. Announce *Reducing the Risk* in the semester prior to implementation.

   a. The announcement should be included in a standard form of communication by the principal to the parents.

   b. The announcement should clarify that this is primarily a new approach to teaching family life education as opposed to a new curriculum.

   c. The announcement should express the purpose of the curriculum: to reduce teen pregnancy by teaching social skills to successfully result in behavior that will prevent an unwanted and unprotected sexual encounter.

d. The announcement should precede registration so parents and students will be aware of a change in the family life education course.

2. Students registered for the *Reducing the Risk* class should receive a letter informing them and their parents of the process and content of the program. The letter should:

   a. describe in detail the content of the 15-day curriculum;

   b. inform parents that they may view the full curriculum at the district/high school office; and

   c. include a permission slip for parental approval or denial of permission to participate.

3. A presentation should be made to students that emphasizes the importance of parent notification and permission.

   a. Explain that the school officials and teachers feel strongly that parents have a right to know and make decisions about their sons' and daughters' education.

   b. Suggest that their parents are people who are very concerned about them as individuals.

   c. Ask students to think about what concerns and questions parents might have about sexuality education (e.g., what will be taught, will they teach views consistent with mine, who's the teacher, will this information encourage my child to be sexually active?).

   d. If time permits, have two students role play parents with concerns and questions discussing the course with the teacher.

4. A parent preview should be scheduled to give parents an opportunity to meet the teacher and better understand the rationale and teaching approach used in this curriculum. The meeting could present an overall description of the curriculum, give parents an opportunity to review learning activities and discuss the homework assignments and the perceived benefits of doing these assignments.

Prepare for Class 8, Visit or Call a Clinic Assignment

In Class 8, students will be given an assignment to visit or call a clinic. At this time, read Class 8 to determine the possible options for this assignment. Well before Class 8 you should begin to learn more

about local clinics. To facilitate students' visit to a clinic—which may be the most important single element in the entire curriculum—you will need to know:

1. that enough clinics are available to handle the students who wish to visit;
2. what the clinic's guidelines are regarding the number of students that can visit at a time;
3. whether appointments are needed prior to visits;
4. how many total students they can serve; and
5. the best times to call or answer questions;

Whereas individual visits to the clinic are maximally effective for enhancing students' ability to attend a clinic at some future date if they want birth control, other arrangements can also increase their comfort with going to a clinic. These arrangements, as described in Class 8, are field trips and speakers. If visits to a clinic are not feasible, then one or both of the latter arrangements must be developed before Class 8.

Using Role Plays

This curriculum moves to the beat of "practice, practice, practice." Students get considerable experience talking to their peers in order to learn to manage situations that might otherwise lead to unprotected sex. Because such situations are, in real space and time, more highly charged than they are in the classroom, students must *overlearn* ways to handle themselves. If they complete the curriculum and are still tentative about what to say and do then their chances of being clear and forceful in the throes of romance are not great. Some students and classes see each role play as a new challenge, which is how they were designed. The role plays become more challenging for students as the lessons progress. Others see them each as the same and after a few role plays their interest ebbs. The *practice* is more important than the way they practice, so teachers should feel free to create alternative ways to role play. Teachers have reported success with the following approaches: (1) have students write role plays as homework assignments; (2) have students write down responses and then role play in front of the class; (3) have students generate a list of challenging "lines" and then have a student read the lines to the class and have each student give a response; and (4) have students develop and act out plays (that is, longer scripts). Other ideas will surely emerge as you use this curriculum.

CLASS 1

ABSTINENCE, SEX AND CONTRACEPTION

SYNOPSIS

Class 1 is an introduction to *Reducing the Risk*. The teacher models two versions of a role play to demonstrate refusal skills. Students participate in a 2-part "pregnancy risk" activity to personalize their vulnerability to pregnancy.

PREPARATION

- Review *How to Use This Curriculum* and *Parent Notification and Permission* in the Introduction and assure yourself that each step has been successfully completed.
- For ease of "performance," copy **Lee and Lee #1** and **#2** (Teacher role plays 1.1 and 1.4) so that they are separate from the book.
- Cut out 12 paper squares, number them 1 to 12 and place them in a hat or other container.
- Make a copy of the **Pregnancy Risk Chart** (Teacher reference 1.3); cut the chart into the 12 numbered strips as marked.
- Starting with the current month, vertically list the names of the next 12 months of the year on the board.
- For each student, copy **My Risks** (Worksheet 1.2).

OUTLINE OF ACTIVITIES

Activity	Time	Material
Introduce Curriculum and Model Role Play, Version 1	10 minutes	**Lee and Lee #1** (Teacher role play 1.1)
Months of the Year Risk Activity, Parts I and II	25 minutes	**My Risks** (Worksheet 1.2) and **Pregnancy Risk Chart** (Teacher reference 1.3)
Model Role Play, Version 2	10 minutes	**Lee and Lee #2** (Teacher role play 1.4)
Lesson Summary	5 minutes	None

NOTE TO THE TEACHER

Both parts in the introductory role play, **Lee and Lee**, are written to be read by one person—*you*—for several reasons. This initial presentation sets the tone and breaks the ice for the student role plays that follow, so an adult-modeled first script is important. Performing alone is usually the best approach, since teachers rarely have access to an opposite-sex adult assistant to play the other part, and asking a student to read with a teacher could be misinterpreted.

ACTIVITIES

Introduce Curriculum and Model Role Play, Version 1

1. Tell students that today is the beginning of a new unit that will give them skills to keep from getting pregnant or from getting someone else pregnant. To introduce the informational skills they'll be learning, you're going to do a one-person play. The dialogue of the play might now, or in time, be familiar to them.

The play is called **Lee and Lee**. Tell students you'll be playing Lee, and her boyfriend who is, amazingly, also named Lee. (Ask students to hold their applause until the end!) See **Lee and Lee #1** (Teacher role play 1.1).

2. After you've resumed your role as teacher, ask students their reaction to the way Lee and Lee discussed having sex. Include the following questions in the discussion:

   a. Is this the way many couples decide whether or not to have sex?

   b. Why didn't Lee stick to the decision not to have sex?

   c. What makes it difficult to say no?

   Tell students that even though they may know how to avoid pregnancy, and want to, it's not always easy to say no to sex or use birth control. It takes *knowledge* and *skills*. The story of Lee and Lee shows that many young people don't have either the knowledge or the skills.

   Every year, over 1 million teenagers become pregnant.

   Yet, pregnancy is preventable. Tell students this unit helps them do something about the problem of unplanned teen pregnancies. They will learn they can avoid pregnancy by practicing the skills to abstain or use birth control. In the next few weeks, they will act out situations like **Lee and Lee** that they may face outside the classroom. After role playing in class and completing assignments as homework, they will be better prepared to be sure that real-life encounters do not lead to unwanted sex or pregnancy.

Months of the Year Risk Activity

Part I:

1. Tell students this activity will help them understand the risks of having sex without using birth control. Explain that a couple has a 1 in 12 chance of a pregnancy each time they have sex. That means almost everyone who has sex once a month will get pregnant in the first year. It doesn't mean that if they have sex 11 times they will not get pregnant. Pregnancy could happen the first time.

2. Write the months of the year on the board, beginning with the current month. Have the container with the numbered squares ready. Pass out **My Risks** (Worksheet 1.2). Ask students to

choose a number from 1 to 12 and write it at the top of their worksheet. This will be their number for both parts of the activity.

3. Explain that for purposes of this activity we will make believe that everyone in the class is having sex once a month, although we know that a large percentage of young people their age are not having sex.

4. Have a student draw a square out of the container and read the number aloud. Write the number beside the first month on the board (which should be the current month). Ask all students who have put that number on their worksheet to stand. When students are standing, tell class that this is how many pregnancies there would be at the end of the first month of unprotected sex. Assure students that you know boys don't get pregnant but they do share equal responsibility in a pregnancy.

5. Ask any of the students standing to either "pass the hat" or write the numbers on the board.

6. Ask another student to draw a number. Write that number beside the second month and ask students with this number to stand. These students would be pregnant at the end of the second month. Continue drawing numbers until all the numbers are gone or all students are standing, whichever comes first. Tell students that they are all pregnant! Remind them that this is based on having sex once a month.

7. Have students sit down. Ask what would happen if, instead of having unprotected sex once a month, they had it twice a month. (All the students would be pregnant in 6 months instead of one year.) Then have students calculate what would happen if they had unprotected sex once a week. (All the students would be pregnant in 3 months.)

8. Remind students that the 1 in 12 chance is random. It doesn't mean getting pregnant the twelfth time a couple has unprotected sex. It can happen the first time.

9. Have students fill out Part A of **My Risks** (Worksheet 1.2). Allow 5 minutes to complete the worksheet.

10. Ask volunteers to share their responses to some of the immediate results of a positive pregnancy test (e.g., telling your partner [for the girl], parents, friends). Based on when their hypothetical pregnancy would occur, ask for other volunteers to state how that pregnancy would affect their life that year (e.g., Christmas, prom, summer vacation, etc.).

11. Ask students if getting pregnant is just a matter of luck like

picking numbers. Draw out in the discussion that they can choose not to get pregnant by using *self-control* and saying no to sex, or using *birth control*.

Part II:

12. The second part of this activity shows how risk changes when people abstain or use birth control correctly and consistently. Place the numbered strips from the **Pregnancy Risk Chart** (Teacher reference 1.3) in the container (hat) and leave the months and numbers from Part I on the board.

13. Ask a student to draw a strip from the container and read the *number only* aloud. Ask students with that number to raise their hands. Then have the student read the rest of the information on the strip. Write "pregnant" or "not pregnant" next to the number on the board. Students may sit down if they are not pregnant.

14. Now ask another student to draw a strip from the container and repeat the process. Continue until all numbers are gone. (In this part of the exercise, most students won't get pregnant at all. Those who do may not get pregnant for many months.)

15. After all the numbers are drawn, ask students to complete Part B of **My Risks** (Worksheet 1.2). Allow 3 minutes to complete worksheet.

16. Ask volunteers to share their responses to Part B of the worksheet. Lead a discussion around all the things students can do if they do not have to cope with a pregnancy (finishing the school year, participating on the swim team, earning money after school for a car, etc.). Briefly process with students which "life course" is more desirable.

17. Next, in a guided discussion, ask volunteers to share how they felt about the "pregnancy" (Part I) and what effects a real pregnancy would have on their current lives. Use the following points to help guide the discussion:

    - Adoption, abortion or even a pregnancy scare can have serious personal consequences. These can ruin relationships, alienate parents and make their remaining high school years more difficult.
    - Researchers believe that teen pregnancy is associated with much lower levels of the three E's: less *education;* less *employment* in well paying, interesting jobs; and less *enjoyment* of later life. Children born to teenage parents may have a harder time in school and are less likely to be happy since their parents often pass their problems along.

Model Role Play, Version 2

1. Return to the story of Lee and Lee. Tell students that this time Lee and Lee will make a different decision because they have participated in a class like this one and now have the skills to say no. They start as before, kissing and touching on the sofa. (Again you assume the role of both Lees.) See **Lee and Lee #2** (Teacher role play 1.4).

2. Briefly discuss why version two ended differently than version one. Explain that in the next lesson the class will discuss three reasons that the role plays ended differently.

Lesson Summary

Remind students this class has introduced them to ideas they'll be studying for the next three weeks:

- Teenagers can and should avoid pregnancy.
- The only sure ways to avoid pregnancy are to abstain (not have sex) or always use birth control.
- It's not easy to always follow either of these two courses of action; but
- There are skills for handling situations in ways that are sophisticated, successful (at avoiding pregnancy and keeping relationships) and safe.

Lee and Lee #1

NARRATOR: Lee and Lee have been going out for three months, and, although taking it slow, they've been getting closer to having sex. They're sitting on the sofa together. Music is playing. Lee and Lee begin to get down to some serious kissing and touching.

Lee: Don't, Lee. Let's stop.

Lee: Why?

Lee: I don't know. I don't think I'm ready for this. And we don't have anything to use for birth control.

Lee: Being ready just means we love each other. You do still love me, don't you?

Lee: You know I do, but what if something happened? What about getting pregnant?

Lee: We could handle having a baby. It would look just like you—we could name it Lee. I think that'd be great.

Lee: Oh, Lee. I don't know . . .

Lee: Listen, don't worry about getting pregnant. We can stop before anything happens.

Lee: I don't think that works . . .

Lee: What do you mean? Tammy's not pregnant, is she? What do you think they use? Besides, we're the lucky types. We found each other, didn't we? How else would two people named Lee get together if somebody wasn't looking out for us?

Lee: (Laughs and kisses Lee) I really do love you, Lee. You're right—we're two lucky people.

Lee: Ummhhmmm hummhhhh.

NARRATOR: Lee and Lee went ahead and had sex without using birth control. Despite Lee's prediction about stopping in time and being lucky, Lee did get pregnant. She had the baby the night of the sophomore dance—but neither Lee nor Lee went to the dance.

My Risks

My number is _____.

Part A. I (my girlfriend) would be pregnant after just ____ months of having sex once a month. We would have a baby in the month of _____ if I (or she) carried the baby to term.

1. Within a few days of finding out about the pregnancy, I would have to:

_____

_____

_____

_____

2. The pregnancy would change the next year of my life by:

_____

_____

_____

_____

Part B. I don't want to be a teenage parent because I want to:

1. _____

_____

2. _____

_____

3. _____

_____

Pregnancy Risk Chart

Directions: Copy and cut on dotted lines.

1. You did not become pregnant, because you used a condom and foam and used it correctly every time you had sex.

2. You did not become pregnant, because you decided not to have sex and you stuck to your decision.

3. You did not become pregnant, because you used a condom correctly every time you had sex.

4. You did not become pregnant, because you decided not to have sex and you stuck to your decision.

5. You did not become pregnant, because you decided to use the pill and you (your girlfriend) took it every day.

6. You did not become pregnant, because you decided to use a condom and foam and used it correctly every time you had sex.

7. You (or your girlfriend) are pregnant because you didn't abstain or use birth control.

8. You did not become pregnant, because you told your boyfriend (or girlfriend) you didn't want to have sex and stuck to your decision.

9. You (or your girlfriend) are pregnant, because you decided to use condoms but you didn't use one every time.

10. You (or your girlfriend) are pregnant because you didn't abstain or use birth control.

11. You did not become pregnant, because you decided to use the pill and you (your girlfriend) took it every day.

12. You did not become pregnant, because you decided to use the pill and you (your girlfriend) took it every day.

Lee and Lee #2

Lee: No, Lee. Stop.

Lee: Why?

Lee: I'm not ready for this. And besides, if we do it we need to—you know—use something for birth control.

Lee: Being ready just means we love each other. You do still love me, don't you?

Lee: Yes, but being ready means more than that. We're not ready if we don't have birth control. I am saying NO to becoming a parent.

Lee: Nothing's going to happen, Lee.

Lee: I know, because we're not going to do anything without using something—no matter how much I love you.

Lee: We could handle having a baby. It would look just like you—we could name it Lee. I think that'd be great.

Lee: (Laughs) Stop joking, Lee. I'm serious. I have NO plans to become a parent while I'm in high school.

Lee: Listen, don't worry about getting pregnant. We can stop before anything happens.

Lee: That doesn't work. That's not birth control.

Lee: What do you mean? Tammy's not pregnant, is she? What do you think they use? Besides, we're the lucky types. We found each other, didn't we? How else would two people named Lee get together if "Lady Luck" wasn't looking out for us?

Lee: (Laughs) Well, I traded lockers with Daryl, for one thing, so we'd see each other every day.

Lee: You did?

Lee: Sure. And then I learned your schedule so I'd happen to run into you a lot. I believe in helping luck along.

Lee: You're really something, Lee. You're right about the birth control and besides, I won't do it 'til it's right for both of us.

Lee: C'mon, let's go out and get something to eat.

NARRATOR: Lee and Lee leave to get hamburgers. Lee learned a lot about luck from Lee. That was the year Lee got an after-school job and Lee won a college scholarship.

CLASS 2

ABSTINENCE:

NOT HAVING SEX

SYNOPSIS

Class 2 reminds students that there are only two ways to avoid pregnancy—not having sexual intercourse (abstaining), or consistently using birth control. This session focuses on the advantages of abstinence. Additionally, reasons why teens fail to abstain or contracept are considered. Students also discuss elements of successful male/female communication about abstinence. They practice identifying successful elements of communication in the role play from Class 1.

PREPARATION

- For each student, copy **Lee and Lee #2** (Worksheet 2.1).
- Write the *Facts About Abstinence* on the board or butcher paper, or on a transparency for use with an overhead projector. Leave blanks for the percentages.
- Review **Lee and Lee #2** (Teacher key 2.2).
- For each student, copy **What Abstinence Means to Me** (Worksheet 2.3).

OUTLINE OF ACTIVITIES

Activity	Time	Material
Review Previous Lesson	5 minutes	None
Communicating About Abstinence	15-20 minutes	**Lee and Lee #2** (Worksheet 2.1) and **Lee and Lee #2** (Teacher key 2.2)
Facts About Abstinence	10 minutes	*Facts About Abstinence* on the board or on a transparency
Reasons That Many Teens Don't Have Sex	10 minutes	**What Abstinence Means to Me** (Worksheet 2.3)
Lesson Summary	2 minutes	None

ACTIVITIES

Review Previous Lesson

Ask students what they have learned from the previous lesson about the risk of getting pregnant. (Having sex without birth control is high risk; most couples who have unprotected sex will get pregnant; they don't have to rely on luck to avoid pregnancy.)

Communicating About Abstinence

1. Tell students there are many ways to avoid pregnancy. You could become a hermit (briefly define if necessary) who never talks to anyone or does anything. Or, you could avoid pregnancy by being so unpleasant that everyone stays clear of you. Or you could never have anything to do with members of the opposite sex.

   Ask students to think about whether any of these are good ways to avoid pregnancy. Acknowledge they're not because many people want:

   - to have a boyfriend or girlfriend;
   - to be liked;

- to get along with people; and
- to have a family someday.

Tell students that in this unit the class will be talking about how to avoid pregnancy and still have successful relationships.

2. Explain to students that there are three basic elements that provide a foundation for successful relationships between males and females. Write the elements on the board, and briefly explain each:
   - Strong honest *communication* (C): being honest and saying what you want so there is no doubt you mean it.
   - *Relationship* building (R): talking and acting in a way that shows you want to keep a good relationship going.
   - *Planning* (P): talking and acting to make your future healthy and happy. Planning shows knowledge of what you want and how to get it.

3. Hand out **Lee and Lee #2** (Worksheet 2.1). Explain to students that it is simply a copy of the second role play modeled in the first class. Ask students to read the worksheet and underline and identify the places in the dialogue that demonstrate strong communication (C), relationship building (R), and planning (P). Using **Lee and Lee #2** (Teacher key 2.2) lead the class through the identification process for the first few lines of dialogue. Then let students work on their own. Explain that there may be some lines of dialogue that represent more than one element for building successful relationships. Allow 5 minutes to complete the worksheet. (Option: Have students work in pairs to identify these elements.)

4. In the full group, briefly process student responses. Discourage them from thinking only about "right" and "wrong" answers. There should be considerable latitude around students' perceptions. The point is for students to understand that you can be strong in your words and actions and still maintain a positive relationship.

5. Summarize that *talking* about love, sex, birth control and relationships is critical to getting what you want and avoiding what you don't want. Talking about these things is hard, so it is tempting to just hope that your boyfriend or girlfriend will understand what you want and do it. Teens who are pregnant or got someone pregnant, when asked what they talked about in the situations that led to pregnancy, often say "We didn't talk about it, we just did it." Not talking about it will almost surely leave you without a relationship or a life plan that you want.

Tell students that in the next few weeks they will spend a lot of time talking about and practicing what to say and do to avoid pregnancy. Abstaining, or not having sex, is one way to keep from getting pregnant. Next, the class will look at some reasons not to have sex.

Facts About Abstinence

1. Some people believe that "everyone" is having sex. But, there are strong personal, medical and relationship building reasons for teenagers not to have sex—that is, to abstain. Many teens know that. Let's look at the statistics and see the percentage of teens who are saying no to having sex.
2. Refer to the *Facts About Abstinence* statements on the board. For each statement, ask the class for their estimates of the percentages of teens not having sex before you fill in the blanks with the correct figures. Tell students that these statistics are for teens in large cities and were reported in 1987.

Facts About Abstinence

- At age 15, about _____% (82%) of all girls have not had sex.
- About _____% (40%) of males and _____% (60%) of females under 17 report never having had sex.
- Only about _____% (10%) of teens who have sex use contraception correctly and consistently. (Even teens who have become pregnant often fail to use contraception after that.)
- About _____% (30%) of teens believe the right age to begin sex is 18 or older.

Reasons That Many Teens Don't Have Sex

1. Tell students that, as they know, some young people do have sex. Ask them to think about likely results of having sex. List their results on the board, adding any important factors they miss. Students may include some positive outcomes (e.g., "It's fun" or "It makes us feel close") and these should be acknowledged as reasons why 1 million teenagers get pregnant each year. Indicate in this discussion that each of these positive reasons can make it difficult for males and females who choose not to have sex to stick with their choice. Also, discuss whether the positive responses are

always true. Ask what circumstances make them true or not true.

2. Next, ask students to help you brainstorm a list of personal, psychological and medical reasons that make abstaining from sex a valid option. As each reason is identified, write it on the board, butcher paper or an overhead transparency. Encourage students to identify reasons to abstain from sex for *now* or for the next few years, perhaps until marriage. A nearly comprehensive list of reasons follows. Use it to add to or embellish the reasons students suggest.

   - Many young people believe in and practice abstinence for *religious* reasons and personal *moral* beliefs.
   - Abstinence can be a sign of real *emotional maturity* and *integrity*. Many young women and men report feeling pressured into having sex before they are ready. It requires maturity and honesty to resist the pressure of someone you love in order to make a decision that is consistent with personal values, morals and needs.
   - Abstinence *reduces* the risk of getting sexually transmitted diseases (STDs, also known as VD) such as herpes, chlamydia, gonorrhea and AIDS. We will discuss these more in a later session.
   - Abstinence is the only method of birth control that is *100% effective,* 100% safe and 100% free of side effects.
   - Abstinence reduces the risk of cervical cancer. Research suggests there is a connection between early sexual activity, multiple sexual partners and increased cervical cancer in women under 25.
   - Abstinence shows that you are stronger than peer pressure.
   - Many parents would be hurt and upset to know that their child is having sex. This may spoil a couple's relationship.
   - A couple may find that delaying sexual intercourse contributes in a positive way to their relationship. Abstaining may allow them time to *develop a deeper friendship.* They may spend more time talking, building mutual interests, sharing good times with other friends and establishing an intimacy that is other than sexual.
   - Abstaining can be a *test of love*. Counter to the old line "You would if you loved me," not having sex can allow time to test the endurance of love beyond the first attraction and before having sexual intercourse.
   - Abstaining may contribute to teaching people to be *better lovers;* it allows them to explore a wide range of ways to express love and sexual feelings.

3. To personalize this information, hand out **What Abstinence Means to Me** (Worksheet 2.3). Ask students to think about the likely results of not having sex and complete question 1. Ask volunteers to read their responses. (If appropriate, add new ones to the list on the board.) Ask them to add results they hear from other students or from you to their list. When students identify negative outcomes, acknowledge that there are strong pulls away from abstaining that will be considered throughout the unit. Students should then complete question number 2.

Lesson Summary

Acknowledge that it is sometimes hard to practice abstinence. A good way to respond to the "it's hard to remain abstinent" message is to return to the advantages of not becoming pregnant, and to note that abstinence is often a way to do what's safest and "right" for you. (Explain to students that if it doesn't seem like the right time for sex, it probably isn't.)

Lee and Lee #2

Directions: Write ***C*** when you see strong *Communication* statements and underline them. Write ***R*** when you see *Relationship Building* statements and underline them. Write ***P*** when you see *Planning* statements and underline them.

Lee: No, Lee. Stop.
Lee: Why?

Lee: I'm not ready for this. And besides, we would need to use something for birth control and we don't have it.
Lee: Being ready just means we love each other. You do still love me, don't you?

Lee: But being ready means more than love. We're not ready if we don't have birth control. I am saying no to getting pregnant.
Lee: Nothing's going to happen, Lee.

Lee: I know, because we're not going to do anything without using something—no matter how much I love you.
Lee: We could handle having a baby. It would look just like you—we could name it Lee. I think that'd be great.

Lee: (Laughs) Stop joking, Lee. I'm serious. I have no plans to be a parent while I'm still in high school.
Lee: Listen, don't worry about getting pregnant. We can stop before anything happens.

Lee: That doesn't work. That's not birth control.
Lee: What do you mean? Tammy's not pregnant, is she? What do you think they use? Besides, we're the lucky types. We found each other, didn't we? How else would two people named Lee get together if "Lady Luck" wasn't looking out for us?

Lee: (Laughs) Well, I traded lockers with Daryl, for one thing, so we'd see each other every day.
Lee: You did?

Lee: Sure. And then I learned your schedule so I'd happen to run into you a lot. I believe in helping luck along.
Lee: You're really something, Lee. You're right about the birth control and besides, I won't do it 'til it's right for both of us.

Lee: C'mon, let's go out and get something to eat.

NARRATOR: Lee and Lee leave to get hamburgers. Lee learned a lot about luck from Lee. That was the year Lee got a great after-school job and Lee won a college scholarship.

Lee and Lee #2

Directions: Write ***C*** when you see strong *Communication* statements and underline them. Write ***R*** when you see *Relationship Building* statements and underline them. Write ***P*** when you see *Planning* statements and underline them.

Lee: No, Lee. Stop. (**C**)
Lee: Why?

Lee: I'm not ready for this. (**P**) And besides, we would need to use something for birth control and we don't have it. (**C** & **P**)
Lee: Being ready just means we love each other. You do still love me, don't you?

Lee: But being ready means more than love. We're not ready if we don't have birth control. (**C**) I am saying no to getting pregnant. (**P**)
Lee: Nothing's going to happen, Lee.

Lee: I know, because we're not going to do anything without using something—no matter how much I love you. (**C** & **R**)
Lee: We could handle having a baby. It would look just like you—we could name it Lee. I think that'd be great.

Lee: (Laughs) Stop joking, Lee. I'm serious. I have no plans to be a parent while I'm still in high school. (**P**)
Lee: Listen, don't worry about getting pregnant. We can stop before anything happens.

Lee: That doesn't work. That's not birth control. (**C**)
Lee: What do you mean? Tammy's not pregnant, is she? What do you think they use? Besides, we're the lucky types. We found each other, didn't we? How else would two people named Lee get together if "Lady Luck" wasn't looking out for us?

Lee: (Laughs) Well, I traded lockers with Daryl, for one thing, so we'd see each other every day. (**R**)
Lee: You did?

Lee: Sure. And then I learned your schedule so I'd happen to run into you a lot. I believe in helping luck along. (**R**)
Lee: You're really something, Lee. You're right about the birth control and besides, I won't do it 'til it's right for both of us.

Lee: C'mon, let's go out and get something to eat. (**R**)

NARRATOR: Lee and Lee leave to get hamburgers. Lee learned a lot about luck from Lee. That was the year Lee got a great after-school job and Lee won a college scholarship.

What Abstinence Means to Me

1. *What are the advantages to me if I don't have sex at this time in my life?*

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

2. *What makes it difficult not to have sex?*

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

CLASS 3

REFUSALS

SYNOPSIS

Class 3 includes a discussion of the student/parent homework assignment. The teacher introduces nonverbal communication skills and the verbal communication skills of refusal. Students are provided with a demonstration of the social skills important to abstaining and contracepting. They are also given the chance to practice and examine the 5 characteristics of effective refusals.

PREPARATION

- Make copies of homework **Talk to Your Parents**, Parts A, B and C (Homework 3.1).
- Make two copies of the role plays:
  Your Friend's Ex-Girlfriend, Ineffective Version (Role play 3.2),
  Your Friend's Ex-Girlfriend, Effective Version (Role play 3.3),
  Trying to Slow Down, Ineffective Version (Role play 3.4),
  Trying to Slow Down, Effective Version (Role play 3.5).
- For each student, copy **Observer Checklist** (Form 3.6).
- Write the 5 characteristics of a clear refusal statement on butcher paper or the board.

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Review Previous Lesson	5 minutes	None
Talk to Your Parents	15 minutes	**Talk to Your Parents**, Part A and **Talk to Your Parents**, Parts B and C (Homework 3.1)
Refusal Skills	20-25 minutes	**Your Friend's Ex-Girlfriend** (Role plays 3.2 and 3.3) and **Trying to Slow Down** (Role plays 3.4 and 3.5) **Observer Checklist** (Form 3.6)
Lesson Summary	2 minutes	None

ACTIVITIES

Review Class 2

Review the following from the previous lesson:

- Abstinence is more common than most people think.
- Reasons for abstinence.
- Three parts of a successful relationship.

Talk to Your Parents

1. Hand out **Talk to Your Parents**, Part A (Homework 3.1). Explain that this homework involves two distinct sections. Part A is for the student to complete and asks for their ideas about sex and contraception. In addition, Part A asks students to indicate what they *think* their parents believe about the same things. Have students complete Part A in class.

2. Distribute Part B and assign interviews to be turned in by Class 6. Let them know that the benefit of the homework comes from talking and listening to parents; therefore, they should not just

give the sheet to their parents to fill out. Tell students that their parent interview is completely confidential and they will *not* turn in the homework. Instead, to verify that the homework was completed, the student and parent will sign a form stating that they did the assignment. This form is the only thing the student will turn in.

Refusal Skills

NOTE TO THE TEACHER

First the class will briefly discuss nonverbal skills used for refusing and then deal with verbal skills. This class demonstrates skills and also socializes students to the routine of role playing and using observer forms to note whether skills were used.

Nonverbal Refusals

1. Tell students they will use a series of role plays to learn about, and then practice, ways to say no when they don't want to have sex. The ability/skill to say no gives us a lot of power over our lives. Explain that "body language," (such as tone of voice, gestures, the look on your face, the way you sit or stand) is an important way to communicate with or without talking.

2. Ask the class to describe body language that says no to sex. Generate a list like the one below. Write the list on the board and demonstrate each behavior to reinforce the concept of nonverbal communication.

   a. **Hands off hands**—throwing hands up in a "get off of me" gesture or using hands for emphasis.

   b. **Soldier body**—sit up or stand up stiffly like a soldier at attention and march away from the other person if you need to.

   c. **Firm voice**—strong and business-like voice.

   d. **Serious expression**—best "I mean it" face.

   e. **Gestures**—hand and arm movements that emphasize point.

   f. **Fight back**—at times, if everything else fails, you might have to use your strength to push away and protect yourself.

Verbal Refusals

1. It is sometimes hard to say no—even to someone we care about—and to stick with it. Sometimes we're saying no, but it doesn't come across as NO.

2. On the board, write the 5 characteristics for a clear NO statement.

   Have students write these down on a clean sheet of paper and keep for future reference, as these are important concepts that will be addressed throughout the unit.

   An effective NO statement includes the following:

   - The word NO—there is no good substitute.
   - A strong nonverbal NO.
   - A repeat of the message as much as needed.
   - A suggestion of an alternative action.
   - Words and tone of voice.

   Refer to the 3 elements of successful relationships (communication, relationship building, planning) and point out how NO statements like this fit with the 3 elements.

3. The role plays **Your Friend's Ex-Girlfriend** (Role plays 3.2 and 3.3) and **Trying to Slow Down** (Role plays 3.4 and 3.5) demonstrate some of the ways that *not clearly saying no* can work against getting what you want. Pass out the role plays and **Observer Checklist** (Form 3.6) to all students. Ask them to listen and watch the role plays and check off the refusal skills that are used during each role play.

4. Identify a male and a female student to read the role plays. Begin with **Your Friend's Ex-Girlfriend**, Ineffective Version (Role play 3.2). You should read the "Setting the Stage" section of the role play. After the role play is read, conduct a discussion. Ask students to identify what the guy did or did not do that led to his ineffectiveness. Pull for such ideas as:

   - He never said no.
   - He never repeated his first objection.
   - He was trying not to upset the girl and did not use clear communication.
   - He expressed doubt and left her thinking it might work out.

5. Then have the same two students read **Your Friend's Ex-Girlfriend,** Effective Version (Role play 3.3), keeping the same roles. Again the teacher should read the "Setting the Stage" section of the play. After the role play, thank the participating students and ask them to sit.

6. Have two new students or the same two students read the ineffective version of **Trying to Slow Down** (Role play 3.4). Have students use the checklist to record the use of effective refusals after the role play. Review the use of refusal skills with students. Help them recognize that she:

   - never said no;
   - never restated her first objection;
   - asked questions (like "Do you love me?") rather than stating her view;
   - expressed doubt;
   - failed to offer any alternative actions;
   - failed to use "hands off hands" or other body language; and
   - gave up.

7. Now have the same students read the effective version of **Trying to Slow Down** (Role play 3.5), keeping the same roles. Have students use the checklist. Discuss the elements of her effective refusal.

Lesson Summary

Conclude by reminding students that today they practiced making a clear NO statement in a way that tells a person they mean no without losing a friendship. Remind students that the refusal skills they are learning can be used in a variety of situations.

Talk to Your Parents

Part A

Directions: Fill in the blanks on Part A with your own ideas, including how you think your parent(s) would answer. Then talk to your parent(s) and see how close you are. Record their answers on Part B of this form.

1. How should teenagers show affection to someone they love?

   What I think: _____

   _____

   What I think my parent(s) think: _____

   _____

2. Should adolescents have sex with someone they love if they plan to marry them?

   What I think: _____

   _____

   What I think my parent(s) think: _____

   _____

3. What are the best kinds of birth control for teenagers who are sexually active?

   What I think: _____

   _____

   What I think my parent(s) think: _____

   _____

4. What should parents do to help their child avoid pregnancy?

   What I think: _____

   _____

   What I think my parent(s) think: _____

   _____

Talk to Your Parents

Part B

1. How should teenagers show affection to someone they love?

   What my parent(s) do think: _____

   _____

2. Should adolescents have sex with someone they love if they plan to marry them?

   What my parent(s) do think: _____

   _____

3. What are the best kinds of birth control for teenagers who are sexually active?

   What my parent(s) do think: _____

   _____

4. What should parents do to help their child avoid pregnancy?

   What my parent(s) do think: _____

   _____

Due date: _____

Part C

We verify that we completed the **Talk to Your Parents** homework assignment.

_____ _____

Parent's or Guardian's signature Student's signature

Your Friend's Ex-Girlfriend

Ineffective Version

Setting the stage:

Your best friend's girlfriend broke up with him. Now she seems very interested in going out with you. You like her, but you really don't want to go out with her because you have been going out with another girl and don't want to mess it up. She speaks first.

Girl: I haven't seen you for a while. Let's go out some night.

Guy: Well, I don't know.

Girl: I just want to talk to you about some things.

Guy: Call me some time, it gets boring at home.

Girl: Let's go check out a movie. We could go this weekend.

Guy: I may be busy.

Girl: I know we'd have fun together.

Guy: I suppose.

Girl: I'll give you a call this weekend. Maybe we can do something? Ok?

Guy: I guess so. See ya.

Your Friend's Ex-Girlfriend

Effective Version

Setting the stage:

Your best friend's girlfriend broke up with him. Now she seems very interested in going out with you. You like her, but you really don't want to go out with her because you've been going out with another girl and don't want to mess it up. She speaks first.

Girl: I haven't seen you for awhile. Let's go out some night and do something fun.

Guy: I miss you, too, but I'm interested in someone else right now.

Girl: I just want to talk to you about some things.

Guy: I don't want to lead you on, but I'd be glad to talk.

Girl: Let's go check out a movie. We could go this weekend.

Guy: Sorry. I've already got plans to go out.

Girl: What about next Saturday night?

Guy: No, I really don't want to go out.

Girl: I guess we're not going to be friends, huh?

Guy: Well, I'd like to be friends, I just don't want to go out.

Trying to Slow Down

Ineffective Version

Setting the stage:

You and your boyfriend have been going out for a awhile. From the beginning you touched and kissed a lot. On his birthday, you are alone and feel very close. After you have had something to celebrate the birthday, you begin kissing and touching and feeling really good. Your boyfriend wants to have sex with you, but you decide to tell him that you are not ready.

Guy: Why are you stopping now?

Girl: Wait. I'm not sure that I'm ready.

Guy: It isn't my birthday every day, you know.

Girl: Yeah, I know.

Guy: There's no reason to wait. It will mean even more now. What's the difference, now or later?

Girl: Well, I'm not sure.

Guy: I thought this was what we both wanted.

Girl: Do you love me?

Guy: Yes and sex is part of love.

Girl: I guess you're right.

(Stops talking and goes back to kissing)

Trying to Slow Down

Effective Version

Setting the stage:

You and your girlfriend have been going out for a while. From the beginning you touched and kissed a lot. On her birthday, you are alone and feel very close. After you have had something to celebrate the birthday, you begin kissing and touching and feeling really good. Your girlfriend wants to have sex with you, but you decide to tell her that you are not ready.

Girl: Why are you stopping now?

Guy: This feels good, but let's not have sex now.

Girl: It isn't my birthday every day, you know.

Guy: Yeah, I know, but I don't think we're ready.

Girl: I've never had sex and want to have it with you first.

Guy: Maybe some day, but, no, not now.

Girl: There is no reason to wait. It will mean even more now. What's the difference, now or later?

Guy: I want to wait.

Girl: I thought this was what we both wanted.

Guy: We both want to be close, but I don't want sex. How about opening your present from me? It's in my backpack.

Girl: Ok.

Name: _____ Date: _____

Observer Checklist

ROLE PLAY #

SKILLS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Relationship Building						

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CLASS 4

USING REFUSAL SKILLS

SYNOPSIS

Class 4 quizzes students on refusal skills and uses role plays to practice using these new skills in difficult situations.

PREPARATION

- For each student, copy **Refusals** (Quiz 4.1).
- Make 2 copies of the scripted version of **At a Party** (Scripted role play 4.2).
- For each student, have a copy of male and female versions of **At a Party** (Role plays 4.3 and 4.4).
- For each student, copy **Observer Checklist** (Form 4.5).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Refusals Quiz	10 minutes	**Refusals** (Quiz 4.1)
Difficult Refusals	5 minutes	None
Demonstrate Role Play	5 minutes	**At a Party** (Scripted role play 4.2) **Observer Checklist** (Form 4.5)
Role Play in Small Groups	15-30 minutes	**At a Party** (Role plays 4.3 and 4.4) **Observer Checklist** (Form 4.5)

ACTIVITIES

Refusals Quiz

1. Distribute **Refusals** (Quiz 4.1). Allow 5 minutes for students to complete.
2. Have students correct their own papers. Discuss each statement, asking volunteers to describe why it does or does not meet the guidelines for a clear refusal or NO statement.
3. Ask students to recall the 5 characteristics of a refusal statement. List them on the board.

Difficult Refusals

1. Tell students that you want their ideas about things their friends might say to them that make saying no more difficult. Ask them to get out a piece of paper and write one or two "lines" that guys or girls they know might use to convince them to do something they don't want to do—cut a class, loan them their nicest clothes, go out somewhere, have sex or have unprotected sex. Suggest a couple of lines. For example, "You would if you loved me" or "Try it, you'll like it!" Give them a few minutes to complete responses to the lines.

2. In the full group, read the lines. Have volunteers share effective responses to each statement. Use several lines on one student to show how they can just repeat the refusal over and over without having to think up new lines.

Demonstrate Role Play

1. Recruit students to act out both parts of the script **At a Party** (Scripted role play 4.2). Explain that they will need to pay attention to the verbal and nonverbal skills as they watch the actors. Give them a copy of the **Observer Checklist** (Form 4.5) to use to indicate whether the actors used the 5 refusal skills.

2. After actors have read and demonstrated the role play, review the skills that were used. Ask observers for examples of:

   - saying no
   - body language that said no
   - repeated refusals
   - suggestions for an alternative
   - relationship building

Role Play in Small Groups

1. Explain to students that they will be working in small groups on role plays. In their group they will be rotating through various roles. Each student will have the opportunity to read a script (scripted role), respond to a script (unscripted role) and watch (observer).

   Provide male and female versions of **At a Party** (Role plays 4.3 and 4.4) for each student. At their seats, give students no more than 5 minutes to write down what they might say in the role plays when they have the unscripted part. They can use these responses to help prepare for the role play, although they should not just read when they do the role play. They should act as if this is a real scene and they have no script to rely on—they have to rely on themselves.

2. Have students divide into groups with at least 2 males and 2 females. Students should bring their role plays and ideas for responses to the group.

3. Make sure each student still has an **Observer Checklist** (Form 4.5). Instruct students to alternate within the group, reading the script and playing in the unscripted role. After a student reads the script, that student takes the unscripted role. Make sure each student has the chance to participate in both the scripted and the unscripted roles and to provide observer comments. The observer is the person who is next in order to read the script.

   If the groups do not have equal numbers of guys and girls, then have them adapt so everyone has the opportunity to participate in both roles. If there is time to go around a second time, the script readers can repeat the script or choose to ad-lib and make up their own lines.

NOTE TO THE TEACHER

It is important to help groups "get going" with the role plays. It may be necessary for the teacher to designate who in each group will start the scripted and unscripted roles. Walk around and guide the role play process.

4. When groups are finished, have students return to the full group and discuss the experience. Explain that their comfort working like this in small groups will increase each day as the process is repeated throughout the unit.

Refusals

1. Write one statement for each of the following that includes at least two elements of an effective refusal.

   a. C'mon, you don't have to go home yet. It's not that late. Your mom will understand.

   _____

   _____

   _____

   b. You've said you love me, now I want to show you that I love you—let's make love.

   _____

   _____

   _____

2. Put a check mark beside statements that follow at least 1 guideline for effectively saying no.

   _____ a. No, I don't trust you.

   _____ b. Well, I don't know. Probably not.

   _____ c. No thanks. I don't want to go to that party. Why don't we go to the movies instead?

   _____ d. Why don't you go ask someone else?

   _____ e. I don't think we should be doing this.

   _____ f. No, not now. Let's watch TV instead.

   _____ g. But you promised you wouldn't ask me that.

At a Party

Setting the stage:

You are at a party with someone you have gone out with a few times. The party is at somebody's home and their parents are gone. A lot of kids are getting high and some couples are leaving—maybe to have sex. You don't want to have sex and don't want to leave the party.

Guy: Let's get out of here so we can talk—it's too crowded.

Girl: Yes, it is crowded in here—but the porch is empty.

Guy: I just want to be with you. This is our chance.

Girl: I want to be with you, too, but the party's fun.

Guy: C'mon, I just want to be alone with you.

Girl: No, I like this party—I'm glad we came.

Guy: I've been looking forward to this night with you—please don't spoil it.

Girl: I hope the night won't be spoiled.

Guy: If I'd known you'd be like this, I wouldn't have come here with you.

Girl: I guess not, but I know we can have fun. Let's get something to eat in the kitchen.

Guy: I guess I don't have much choice.

Girl: Yes, I suppose so. But I'll give you the choice of the next movie we go to.

At a Party

Guy Reads to Girl

Setting the stage:

You are at a party with a guy you like and have gone out with a few times. The party is at a friend's house and their parents are gone. A lot of kids are getting high and some couples are leaving—maybe to have sex. You don't want to have sex with him and don't want to leave the party. He speaks first.

Guy: Let's get out of here so we can talk—it's too crowded.

Girl:

Guy: I just want to be with you. This is our chance.

Girl:

Guy: I've been looking forward to this night with you—please don't spoil it.

Girl:

Guy: If I'd known you'd be like this, I wouldn't have come here with you.

Girl:

Guy: I really thought you were going to be a lot of fun.

Girl:

Guy: Don't worry. I'm not going to do anything. C'mon let's go.

Girl:

At a Party

Girl Reads to Guy

Setting the stage:

You are at a party with some friends and a girl starts to talk to you. You get the idea that she wants to get to know you better. You really don't want to get more involved with her because there is another girl at the party who you like. The girl speaks first.

Girl: It's kind of noisy here, let's go outside and talk some more.

Guy:

Girl: I just want to get to know you better. C'mon it's no big deal.

Guy:

Girl: Ok, let's stay here and talk. Let's sit on the couch.

Guy:

Girl: So, do you have any brothers or sisters?

Guy:

Girl: It's hot in here. Let's go.

Guy:

Girl:

Guy:

Name: _____ Date: _____

Observer Checklist

ROLE PLAY #

SKILLS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Relationship Building						

CLASS 5

DELAYING TACTICS

SYNOPSIS

Class 5 introduces delaying tactics. Students observe the teacher demonstrate and practice delaying skills in role play situations. A short quiz at the end of the lesson reviews delaying.

PREPARATION

- For each student, copy **Possible Delaying Tactics** (Handout 5.1).
- For each student, copy **Presents and Flowers** (Role play 5.2).
- For each student, copy **Refusing or Delaying Quiz** (Quiz 5.3).
- For each student, copy **Observer Checklist** (Form 5.4).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Review Class 4	5 minutes	None
Introduce Delaying Statements	20-40 minutes	**Possible Delaying Tactics** (Handout 5.1)
Demonstrate and Practice Role Play in Small Groups	5-15 minutes	**Presents and Flowers** (Role play 5.2) **Observer Checklist** (Form 5.4)
Quiz and Skills Review	10-20 minutes	**Refusing or Delaying Quiz** (Quiz 5.3)
Lesson Summary	2 minutes	None

ACTIVITIES

Review Class 4

Review the elements of an effective refusal.

Introduce Delaying Statements

1. Explain that *delaying statements* are another way to handle difficult situations and avoid unwanted and unprotected sex. For many reasons, it's usually better to simply say no to offers you don't like. But people often feel confused about how to say no. Without time to think of what to do, they can impulsively make a poor decision. In such cases a person might use a delaying statement to gain time to think about what they really want.

2. Pass out **Possible Delaying Tactics** (Handout 5.1). Briefly review the examples and ask students to add additional statements and actions.

Demonstrate and Practice Role Play

Use the same format for role play as described in Class 4. Or, make

three colored cards for each group and have the colors designate who will be the first scripted role player, unscripted role player, and observer. Pass out **Presents and Flowers** (Role play 5.2) and the **Observer Checklist** (Form 5.4) to each student. **Presents and Flowers** has only one version—the guy reads to the girl. They can still reverse roles, however.

a. Allow the students to write responses individually. Boys write responses as if they are girls.

b. Have two students demonstrate the role play.

c. Divide into groups with at least two males and two females in each group.

d. Students should count off in the groups and rotate scripted, unscripted and observer roles. Start with males reading to females. If time allows, have males and females switch roles. Tell students they don't have to repeat *Setting the Stage* each time they enact the role play. Once they understand the setting they can go directly to the dialogue.

Quiz and Skills Review

Give out **Refusing or Delaying Quiz** (Quiz 5.3). After students complete it, have them exchange papers with the student next to them. Go over the content to review all skills.

Lesson Summary

Remind students that this class introduced delaying statements and refusals to help students in situations in which they feel pressured to have sex or do something else they may not want to do. Students probably already use these skills to manage situations with friends and family. Their use to avoid pregnancy may be the most important one of all.

Possible Delaying Tactics

Directions: Review the delaying statements and tactics listed below. In the space provided, add additional ones you think of.

Delay Statements

You could *say:*

I'm not ready.
Not now.
Sorry, I have to go.
We don't have enough time.
It's not the right time.
I'm not in the mood.
Not tonight—I've got a sore throat.
I have to call home.

_____
_____
_____

Delay Actions

You could *do:*

Chew a cough drop.
Look distracted.
Drop something.
Stop kissing.
Invite someone to come talk to you and your boy/girlfriend.
Go to the restroom.
Pretend you lost something and have to find it.

_____
_____
_____

Presents and Flowers

Guy reads to Girl

Setting the Stage:

You've been seeing an older guy for a month. He has treated you to dinner and the movies, has driven you places, and buys you presents and flowers. You have really enjoyed all the attention. After a sexy movie he drives you to a private place. With his body language he shows that he wants to have sex with you. You do not want to have sex with him. He speaks first.

Guy: Look at all the great things we've done together. I've been so sweet to you. C'mon, return the favor.

Girl:

Guy: It's no big deal, it's just part of going out.

Girl:

Guy: I just want to be close to you.

Girl:

Guy: Everybody else is doing it—they just don't tell you.

Girl:

Guy: If you really loved me you would.

Girl:

Guy: I love you, but you don't seem to care about me.

Girl:

Name _____

Refusing or Delaying Quiz

1. Write three delaying actions you could use or alternatives you could suggest if you were alone with your boyfriend or girlfriend and wanted to avoid sexual intercourse.

   a. _____

   b. _____

   c. _____

Read the situations below and write the refusal or delaying response you would use to handle the situation. Decide whether to use a refusal or a delaying statement and include an alternative action.

2. Your girlfriend or boyfriend has been drinking and tries to talk you into going for a ride. You don't think you should go but you don't want to get into an argument. You say and do:

   Refusal or delay: _____

   _____

   Alternative action: _____

   _____

3. You're at home with your girlfriend or boyfriend. Your parents will be gone for several hours. You do not want to have sex, but your boyfriend/girlfriend begins to kiss you and tries to take off your clothes. You say and do:

   Refusal or delay: _____

   _____

   Alternative action: _____

   _____

Name: _____ Date: _____

Observer Checklist

ROLE PLAY #

SKILLS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Relationship Building						
Delaying Tactic						

CLASS 6

AVOIDING HIGH-RISK SITUATIONS

SYNOPSIS

Through a class discussion and a mini-lecture, students discover situations that can lead to unwanted or unprotected sex, termed "yellow alert" and "red alert" situations. Students practice dealing with the two types of sex alerts in the activity **Handling Crisis Situations**. Then, they begin activities related to birth control with the worksheet **Birth Control Myths and Truths**.

PREPARATION

- Review **Signs of Sex, Signs of Caution** (Teacher reference 6.1).
- For each student, copy **Handling Crisis Situations** (Worksheet 6.2).
- For each student, copy **Birth Control Myths and Truths** (Worksheet 6.3).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Discuss Homework	15 minutes	Completed **Talk to Your Parents** (Homework 3.1)
Signs of Sex and Caution Mini-lecture	10 minutes	**Signs of Sex, Signs of Caution** (Teacher reference 6.1)
Handling Crisis Situations	10 minutes	**Handling Crisis Situations** (Worksheet 6.2)
Birth Control Myths and Truths, Round 1	10 minutes	**Birth Control Myths and Truths** (Worksheet 6.3)

ACTIVITIES

Discuss Homework

1. Discuss **Talk to Your Parents** (Part B), from Class 3. Remind students that you don't want them to repeat what their parent(s) said about any question and that they should keep their parent(s)'s privacy in mind. Ask them what they learned from *each* question regarding the following issues:

   a. Did your parent(s) answer the way you thought they would?

   b. Did your parent(s)'s ideas give you any different ideas?

   c. Will you talk to your parent(s) about this again? (If not, who can you talk to?)

   d. Did you or your parent(s) disagree about any question? If so, how did the discussion turn out?

2. As you guide the discussion, keep in mind that the purpose is to encourage students and their parent(s) to talk. Help students listen to their parent(s)'s point of view. Ask them to report what they learned rather than to evaluate whether they agree with their parent(s). Ask them to turn in the signed sheet to show they completed the assignment.

Signs of Sex and Caution Mini-lecture

1. Remind students that there are two ways to avoid pregnancy: say no to sex, or use birth control. To be successful at either you have to GET READY *NOW*. Many teens who get pregnant say they didn't protect themselves because they didn't expect to have sex. In one recent study, two-thirds of teens who had sex without protection said it "just happened." Tell them there are signs they can watch for that will alert them that sex could happen.

   Ask students to think of the signs in two categories: *yellow alert* and *red alert*.

2. *Yellow alerts* are signals that there may be an unprotected "sex crisis" in the future and that you should slow down and prepare yourself to avoid pregnancy. *Yellow alert* signals occur when you:

   a. are not yet with the guy or girl;

   b. think that he or she might be thinking about sex;

   c. think that there will be a chance for sex because you will be alone; or

   d. wonder what will happen.

   Yellow alert signals tell you that you had better develop a *sound plan* for avoiding having sex or getting pregnant. You may notice yellow alert signals long before the time that you are seeing the guy or girl. For example, you may notice that you are being especially careful about the clothes you pick out, or especially anxious about what you will say and do, or maybe you can't wait to get to school, or you wear something different or special to school or out at night. If you know what *your* signs are and watch for them, you will have enough time to act and avoid unwanted sex or pregnancy. If you miss the signs, you will not.

3. *Red alert* signs show that there is going to be an unprotected "sex crisis" at any moment and you have to act fast to avoid it. *Red alert* signs usually occur about 20 minutes to an hour before the crisis when:

   a. You are alone with the guy or girl.

   b. You may have done a lot of touching and feeling close.

   You can still stop and decide not to have sex or you can still use protection. But if you go past a red alert signal without stopping and/or preparing first, your life may be forever changed.

4. List Yellow Alert and Red Alert headings on the board and offer a few examples of signs (see Teacher reference 6.1). Then, add signs that students suggest.

5. Lead students in a discussion that focuses on what to do to avoid unwanted or unprotected sex. Use signs offered by students to shape the discussion.

Handling Crisis Situations

1. Explain to students that they now have had the opportunity to clearly identify sex alert situations. The next step is to learn to effectively deal with those situations. That is, they need to think about possible ways to get out of an alert situation.

2. Distribute **Handling Crisis Situations** (Worksheet 6.2). Students should name two yellow alert signs and two red alert signs and identify an alternative action plan for each. Tell students that red alert situations usually require *alternative actions, delaying* or *refusal* until the crisis passes or until you are able to get birth control. In yellow alert situations, students can avoid the situation entirely or get protection so that a red alert situation doesn't occur.

3. Discuss an example: If the student wrote "I get dressed up in my sexiest clothes" as a yellow alert sign, he or she might generate an alternative action plan such as:

   a. I'm going to think through what I will do to stop if I get close to having sex.

   b. I'll plan something to do that will keep us away from having sex.

   c. I'll stop and get birth control at the drugstore before I see him/her.

   Allow students to work alone or with one other person to finish the worksheet.

NOTE TO THE TEACHER

Students may find this exercise difficult as specificity and planning do not come easy. But, it should get students started in planning to avoid an unwanted pregnancy.

4. When students are finished, review each statement and have several volunteers share their suggestions for ways to handle the situation. Remind students that because we are all individuals, different approaches will feel more personally comfortable than others.

Birth Control Myths and Truths, Round 1

1. At some time in their lives, most people decide they are ready to have sex but not to become a parent. To have sex but not become a parent, people must consistently and effectively use birth control. To do that, they must know what they are doing. This activity helps students learn how much they know and how much they need to know to avoid pregnancy.

2. Introduce this activity by explaining there are many myths or nontruths about birth control. Tell students they will be involved in a 2-part activity designed to help clear up the myths and get the facts about birth control.

3. Pass out **Birth Control Myths and Truths** (Worksheet 6.3) and have students complete only the Round 1 section. Explain that they will be completing the Round 2 section after a discussion about birth control in a future class. At that time each myth will be reviewed and discussed. Ask students to hand in their worksheets with their names on them to be passed out again for Round 2 which will be done in Class 9. The Teacher Key for **Birth Control Myths and Truths** is provided for Round 2.

Lesson Summary

Conclude the class by reviewing each activity. First students discussed what they learned about their parents. Then they looked at situations that could lead to teenagers becoming involved in an unprotected "sex crisis." These situations were labeled "yellow alert" or "red alert." Students practiced dealing with the sex alert situations to avoid an unprotected sex crisis. Finally, they had the chance to write down what they think about birth control facts.

Signs of Sex, Signs of Caution

Yellow Alert Signs

△ I get dressed up to look really sexy.
△ I plan to get some beer to help us loosen up.
△ I think about ways to be alone with him or her.
△ I think about touching him or her.
△ We touch "by accident."
△ We talk about being alone at home.

Red Alert Signs

▲ We make and take chances to touch.
▲ We touch each other in more ways and are getting excited.
▲ We play sexy music.
▲ We go to a place to "get away from everybody."
▲ We are drinking and touching.
▲ We are alone at home.

Name _____

Handling Crisis Situations

Directions: Write down two yellow alert signs. Then describe a plan to prevent or manage the crisis. Then do the same for red alerts.

YELLOW 1. _____

_____

Alternative Action Plan: _____

_____

YELLOW 2. _____

_____

Alternative Action Plan: _____

_____

RED 1. _____

_____

Alternative Action Plan: _____

_____

RED 2. _____

_____

Alternative Action Plan: _____

_____

Name _____

Birth Control Myths and Truths

Directions: Read each situation and circle ***T*** if you think it's true or ***M*** if you think it's a myth under the Round 1 column. Do not make any marks under Round 2 column until directed to do so.

	Round 1	*Round 2*
1. The best way to use a condom is to pull it on tight.	T or M	T or M
2. Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent.	T or M	T or M
3. Girls can get pregnant if the penis doesn't actually enter the vagina.	T or M	T or M
4. Girls can get pregnant if they have sex during their periods.	T or M	T or M
5. Douching after sex will wash out the sperm and protect against pregnancy.	T or M	T or M
6. A woman is protected from pregnancy the day she begins taking the pill.	T or M	T or M
7. Condoms are effective because they don't break easily and they don't leak.	T or M	T or M
8. If a guy pulls his penis out of a girl in time (before he ejaculates), he can prevent pregnancy.	T or M	T or M
9. A contraceptive sponge offers protection for a full day.	T or M	T or M
10. Foam and sponges provide some protection from sexually transmitted disease (STDs).	T or M	T or M

CLASS 7

METHODS OF CONTRACEPTION

NOTE TO THE TEACHER

When making decisions about discussing birth control and about using visual aids during a discussion of birth control, teachers must adhere to district guidelines and policies that may be in effect. Additionally, use your best judgment about the appropriateness of these activities in your individual school. Make sure parents have been informed of the birth control demonstrations taking place in class.

Throughout the discussion about birth control, remind students that this information is for when they decide to use birth control, which might not be for a long time. However, it is important information that they will need eventually.

SYNOPSIS

The main activity of this class is a teacher lecture on methods of birth control, including visual aids of contraceptive products. As a homework assignment, students research prices and descriptions of nonprescription products.

PREPARATION

- Review the information in *Ways to Prevent Pregnancy Lecture/ Demonstration Notes*. The important points are in bold.
- For each student, copy 2 **Shopping Information Forms** (Homework 7.1).
- Write "Categories of Birth Control Methods" on board.
- Have female reproductive chart available (optional).
- Have a cloth or paper towel available.
- For visual aids, obtain 3 condoms: 1 lubricated, 1 nonlubricated with a reservoir tip, and 1 that is nonoxynol-9 coated.
- For visual aid, obtain contraceptive foam.
- For visual aid, obtain a contraceptive sponge and a cup of water.

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Ways to Prevent Pregnancy Lecture/ Demonstration	30 minutes	*Ways to Prevent Pregnancy Lecture/ Demonstration Notes* Visual aids: condoms foam sponge
Shopping Information Homework	10 minutes	**Shopping Information Form** (Homework 7.1)
Lesson Summary	5 minutes	None

ACTIVITIES

Ways to Prevent Pregnancy Lecture/Demonstration

1. Tell students you're going to review different methods people use to keep from getting pregnant. Some of the following information will explain statements on the **Birth Control Myths and Truths** worksheet. They'll get a chance to use any new information when

they do Round 2 of that activity in the next lesson. Remind students to listen and take notes, because there will be a quiz at the beginning of Class 9.

2. Tell students there are 4 categories of ways to try to prevent pregnancy. List the categories on the board and elicit from students the methods (nonmethods) for each. (Refer to lecture/demonstration notes that follow.) Ask them which methods they are interested in hearing more about. Add those not mentioned. Explain that the class will go into greater detail about the methods they are most interested in and are most effective. Inform them that you will discuss nonprescription methods today and talk about the pill on the next day. (Refer to lecture/demonstration notes that follow.)

Ways to Prevent Pregnancy
Lecture/Demonstration Notes

I. CATEGORIES OF BIRTH CONTROL METHODS

A. *Methods That Don't Work* (douching, rhythm, "hope")

B. *Methods That Aren't Very Effective* (withdrawal). Withdrawal is better than nothing if a couple has unprotected sex.

C. *Methods That Are Very Effective if Used Correctly Every Time* (abstinence, condom, foam, sponge, birth control pill). Explain that no method works if it's not used correctly or consistently.

D. *Methods That Are Not Often Chosen by Teens* (diaphragm, cervical cap, vasectomy, tubal ligation, IUD)

II. METHODS THAT DON'T WORK

A. **Douching** is one of the methods that doesn't work.

1. Douching means that after having sex, the woman immediately washes out her vagina, hoping to wash out and kill the sperm.
2. **But, sperm travel very rapidly and some will already have moved through the cervix and into the uterus by the time she is able to douche.**
3. So the big disadvantage of douching is that it doesn't work. Once the sperm is inside, it's too late. All kinds of douches have been tried—none of them work to prevent pregnancy or sexually transmitted diseases (STDs).
4. There is no advantage to douching.

B. **Hoping you won't get pregnant**—or believing that "It can't happen to me,"—doesn't work.

1. Having sex without using a birth control method that works can, and does, result in pregnancy sooner than most people realize.

   Despite their strongest hopes, one study of teenagers found that **half of first pregnancies occur in the first 6 months after couples begin having sex.** One out of 5 occur in the *first 30 days*.

2. Sometimes people think that if they have sex once and don't get pregnant, they can't get pregnant. However, just because a woman doesn't get pregnant the first time, or the 20th time, doesn't mean she won't get pregnant the next time.

C. **Rhythm** is another method that isn't very effective for most people. This method is often thought to be much safer than it really is. Many young people gamble on this method and lose: a pregnancy results.

1. The idea of rhythm is that a woman keeps track of her past menstrual cycles. Then she tries to figure out the days when she is least likely to become pregnant—the "safe" days to have sex.

2. The problem with this method is that no woman can really know what will happen in her next cycle, especially young women, because their cycles have different lengths. Many couples who use rhythm have sex when they are *most* likely to get pregnant—and do just that. Illness, stress, fatigue can upset the hormone system and cause ovulation to occur at an irregular time.

3. **Since sperm live from 3-5 days, it can be easy for girls to get pregnant when they think they are safe—even during their menstrual period.**

4. The disadvantages of rhythm and thinking there is a "safe" time of the month is that this is not a sure way to avoid pregnancy and is likely to "sucker" you into thinking you are safe when you are not.

NOTE TO THE TEACHER

There are very effective birth control methods based on the rhythm system: Natural Family Planning, the Billings Method, the Fertility Awareness Method. These require training in proper use, careful record keeping, daily temperature reading, checking cervical mucous, and commitment from both partners. For most young people these methods are too difficult to use.

III. METHODS OF BIRTH CONTROL THAT AREN'T VERY EFFECTIVE

A. **Withdrawal** is a method that isn't very effective.

1. Withdrawal means that when a couple has sex the man takes his penis out of the woman's vagina before he ejaculates (comes) so that his sperm doesn't go into her body.

2. **Withdrawal can't be counted on to prevent pregnancy because the man has a few drops of semen on the end of his penis as soon as it becomes erect. Even if he withdraws before he ejaculates, sperm can get into the woman's body and make her pregnant.**
3. Another reason that couples should not rely on withdrawal is that it requires them to interrupt sex exactly when they don't want to.
4. If a couple has intercourse without an effective method of birth control, withdrawal is better than nothing. It may offer some protection against pregnancy.

IV. METHODS OF BIRTH CONTROL THAT ARE VERY EFFECTIVE

Repeat that douching doesn't work, withdrawal doesn't work, rhythm doesn't work and hope doesn't work. Ask students to identify some of the methods that do work. Start with the nonprescription methods.

A. **Abstinence,** as you know, is the most effective, easiest to get, nonprescription birth control method available.

1. *What it is:* Abstinence is not having sexual intercourse.
2. *How it works:* **An individual or couple decides that not having sex is the best decision for them.** Then they learn and use strategies for sticking with that decision.
3. *How to use it:* Abstinence is the simplest of all methods to use—it's free, goes anywhere you want to take it, never wears out, and parents (or anyone else) never have to find out that you are using it.
4. *How to get it:* You've got it.
5. *Its risks and disadvantages:* **There are no health risks.** The only other risk is that someone you like will not agree with you that abstinence is the best choice. That would be unfortunate, but it is better to be a champion of your own life than to go with a second-rate choice.
6. *Its effectiveness and advantages:* It is the safest, most effective way to avoid pregnancy and sexually transmitted diseases.

Other nonprescription methods of birth control include condoms (rubbers), foam and a condom, and sponge and a condom. Nonprescription means you do not need to go to a doctor to get the method. These methods are available to anyone to buy in most drug stores.

B. **The condom** is a popular method.

1. *What it is:* The condom is a thin sheath made of fine latex rubber that fits over the erect penis.
2. *How it works:* The condom fits snugly over the erect penis and catches the semen when the man ejaculates (comes) so the sperm doesn't enter the vagina.

   The condom also reduces the risk of AIDS and other STDs—especially those condoms that are coated with nonoxynol-9.

Demonstration: **Describing how condoms are used, with visual aids to assist the instructions, offers the most effective approach to condom education.** Be sure to practice any method before trying it out in front of students, so you are familiar with how sturdy condoms are when properly handled.

Unwrap a condom and unroll it over the index and middle finger of one hand, showing how much space to leave at the tip, how to hold the end of the condom, and how to unroll and remove the condom. *Demonstrate with a nonlubricated condom.* Expect students to laugh at first and be embarrassed. This is healthy! It shows the message is getting through. Allowing students to express their embarrassment in class makes it less essential that they hide their feelings in real-life circumstances where honesty and frankness about condoms is really important.

3. *How to use it:* **The condom is rolled onto the erect penis before it comes anywhere near the vagina.** Remember, sperm can leak out long before the man ejaculates. If the penis is in or near the vagina before the condom is on, these early sperm can cause a pregnancy.

   About one-half inch should be left at the tip of the condom to catch the semen. This also helps keep the condom from breaking. Some condoms are designed with this little area at the tip to catch the semen.

   After sex, the male should hold onto the rim of the condom as he pulls his penis out so the condom won't slip off and the semen won't spill out. The penis should be taken out soon after ejaculation because without an erection, the condom can slip off.

   Vaseline, baby oil and cold creams should never be used with a condom—they will cause the rubber to disintegrate.

   When putting on the condom, the couple must be careful not to puncture it with sharp jewelry or long fingernails.

   Condoms can be kept for 5 years if they are stored away from heat and moisture. Heat will damage condoms so they should *not* be kept in a wallet, glove compartment, or any other warm place.

   Each condom should be used only once.

4. *How to get it:* **Condoms are available at any drugstore or family planning clinic. They may also be available in outdoor or all-night condom vending machines.**

   Anyone can buy condoms, regardless of age, and no prescription is needed.

5. *Risks and disadvantages:* **There are no serious health risks. A few people find they irritate the skin.** Trying another brand can solve the problem.

   Some people complain that the condom reduces sexual feeling. Others find it makes no difference. Different types of condoms may work better than others.

   Other people complain that they don't like to stop making love to put the condom on. But if the man and woman put the condom on together, it can become a part of making love.

6. *Effectiveness and advantages:* **If a condom is used together with foam (see below)**

every time a couple has sex, the combined method will work almost all of the time.

Even without foam, the condom is *very effective* in preventing pregnancy if used correctly, *all* the time and *every* time.

Condoms often make sex last longer.

Using the condom *correctly* means using a new condom, leaving space at the tip, putting the condom on before the penis touches the vagina, and carefully taking the penis out after sex.

Condoms help protect against sexually transmitted diseases (STDs) such as gonorrhea, syphilis, herpes and AIDS.

Condoms may help prevent cancer of the cervix in women.

Using the condom is a good way for a man to share in the responsibility for preventing an unplanned pregnancy.

Condoms are easy to use. With practice they become easier and more fun to use. They can become a regular pleasurable part of a romantic relationship.

C. **Foam** is a popular method. Foam and a condom used together prevent pregnancy almost all of the time.

1. *What it is:* Foam comes in a can and looks and feels like shaving cream. It is inserted into the vagina with a special applicator much like a tampon applicator. Foam contains spermicidal agents that kill sperm.
2. *How it works:* The foam is inserted into the vagina before sexual intercourse. It covers the cervix, or entrance to the uterus, and **kills any sperm that try to enter the uterus.**
3. *How to use it:* 2 full applicators of foam are inserted deep into the vagina near the cervix *just* before having intercourse. **Foam should be inserted less than 30 minutes before intercourse. If more than 30 minutes go by more foam must be inserted.**

   Foam must be inserted each time the couple has intercourse.

   Since there is no way to tell when the can is almost empty, a couple should keep an extra can of foam on hand.

   Demonstration: Show the can and applicator. Stress that the can should be shaken well before using (at least 20 times). Demonstrate shaking can. This makes bubbles, and the more bubbles the better the protection.

   The applicator is pressed down on the top of the can to fill it with the foam. Demonstrate filling applicator. Demonstrate pushing plunger to eject foam onto your hand or the hand of a student volunteer.
4. *How to get it:* Contraceptive foam is available at any drugstore or family planning clinic without a prescription. There is no age limit for purchasing foam, and either partner can buy it.
5. *Risks and disadvantages:* There are no health risks associated with foam.

You have to put it in just before sex.

Some people may have an allergic reaction or skin irritation with foam. These side effects are not serious, and the couple can try another brand.

6. *Effectiveness and advantages:* If foam is used *every time with a condom,* the combined method works almost all (100%) of the time.

   Foam used alone is fairly effective (85-90%) if it is used correctly and if it is used every time.

   Foam provides some protection against some sexually transmitted diseases (STDs). It is not, however, as effective in helping prevent the spread of STDs as the condom.

   Like condoms, foam is a good method for people who don't have sex on a regular basis because it is used only when needed.

D. **The contraceptive sponge** is another method that can be purchased without a prescription.

1. *What it is:* The contraceptive sponge is a soft, cap-shaped sponge designed to fit over the cervix.

2. *How it works:* The sponge fits over the cervix and releases spermicidal chemicals that kill sperm that try to get through the cervix.

3. *How to use it:* The sponge is dampened and inserted deep into the vagina so that it covers the cervix. The directions that come with the sponge should be read carefully before using one for the first time.

   The sponge may be inserted either immediately before intercourse, or as far in advance as 24 hours before intercourse.

   It must be left in the vagina for at least 6 hours after having intercourse.

   It should not remain in the vagina for more than 30 hours and should not be used during menstruation.

   Once in place, the sponge will provide protection for repeated intercourse within the 24-hour period.

   Dispose of the sponge after use; it cannot be reused.

   Demonstration: **Be sure to practice before demonstrating to students. A demonstration requires a cup of water to wet the sponge and make it foam.**

   Before inserting the sponge it is dampened with a small amount of water. This activates the spermicide contained in the sponge. Wet a sponge and show how it bubbles or foams after applying the water. Tell students that the side with the "dimple" (show that side) is inserted facing the top of the vagina against the cervix. The other side (show) has a loop of ribbon that is used to pull the sponge out. The edges of the sponge are folded together for insertion.

4. *How to get it:* The sponge is available at any drugstore or family planning clinic.

   There is no age limit for purchasing the sponge and no prescription is needed.

5. *Risks and disadvantages:* There has been some concern that the contraceptive sponge could cause or contribute to toxic shock syndrome. There have been a few documented cases of this happening. Such cases are rare, however, since the spermicide in the sponge also kills bacteria.

   To be safe, women who use the sponge should not leave it in place longer than 30 hours and not use the sponge during their menstrual period or if they have ever had toxic shock syndrome.

   Some women experience a burning sensation and have difficulty removing the sponge. Some women find it difficult to put in and take out. Others don't want to touch their sexual parts or put anything inside their vagina.

   Because the sponge absorbs the vagina's natural moisture during sex, lubricant such as K-Y jelly may help make the sponge easier to use.

6. *Effectiveness and advantages:* Because the sponge is a relatively new product, exact effectiveness rates are not known. It probably will prove to be as effective as foam. (In the 85-98% range.)

   Because it can be inserted up to 24 hours in advance of intercourse, the sponge does not interfere with spontaneity.

   The sponge offers continuous protection for 24 hours.

   Like foam and condoms, the sponge can be easily used by people who don't have sex regularly.

   The spermicide in the sponge may protect against STDs.

Shopping Information Homework

1. Tell students that knowing the facts about birth control is important. It takes more than knowing to avoid pregnancy, however, it takes action. Hand out 2 copies of the **Shopping Information Form** (Homework 7.1) to each student and introduce the assignment. Explain that they do not have to buy any contraceptives, but they do need to go to 2 stores to get prices and descriptions of contraceptives. The homework assignment is due the 12th class. It gives students the *experience* of preparing to obtain contraception.

2. Tell students to put in a brand name price for 3 kinds of condoms, 1 type of foam and 1 type of sponge. The *brand* name is the maker of the product. For condoms, also indicate whether the product is lubricated, has nonoxynol-9, and has a reservoir tip. After they leave the store, they should complete items 3 and 4 to indicate how comfortable they were there and whether they would recom-

mend the store to a friend. Put down the store's hours, too-because it may be important to know where to get contraception at some odd hours.

Lesson Summary

Repeat that birth control is a very personal and individual matter. Conclude with some thoughts about deciding which method to use:

Be informed. People can't make good decisions unless they know all the facts. They should learn about all kinds of birth control, even if they think they already know what kind they prefer.

It's okay to change methods. Most people try more than one kind of birth control before they find one they are comfortable with. Changes in their life may make them choose another method. A good idea is to have one method (i.e., condoms and foam) always available if you are sexually active.

What if it all seems like too much of a hassle? People who are having a lot of trouble using birth control may not want to have intercourse right now. Or, they may really be hoping to get pregnant. The best thing for them to do is rethink what they are doing and be sure not to let others lead them into having sex if *they* don't want it. And if they're having sex because they are really hoping to get pregnant, they need to think about how having a baby will change their lives. Both of those are big decisions by themselves and deserve careful thought.

There is no one "best" method of birth control for everybody. Instead, there are different methods with various characteristics, advantages and disadvantages. Except abstinence, there is no 100% safe and effective method. What may be best for one person may not be best for their friend. What may be the best method for someone today may not be the best method for them in 10 years. Before having intercourse, each person must decide for him or herself, with their partner, which birth control method suits their values, lifestyle, age and health—at that time. The "best" method of birth control is the one that is safe for both partners, the one they are the most comfortable with, and the one they will *use* correctly, *every time*.

Shopping Information Form

1. Name of store _____

2. What contraceptive products are sold here? (List 3 kinds of condoms, 1 kind of foam and 1 kind of sponge and the prices for each product. Indicate the types of condoms you saw.)

Product	Brand Name	Price	Lubricated?	Nonoxynol-9?	Reservoir (R) or Plain (P)
Condom:			Yes No	Yes No	R P
Condom:			Yes No	Yes No	R P
Condom:			Yes No	Yes No	R P
Foam:					
Sponge:					

3. How comfortable would you be buying contraception here?

1	2	3	4
very comfortable	fairly comfortable	somewhat uncomfortable	very uncomfortable

4. Would you recommend that a friend buy contraception here? Yes No

   Write two sentences telling why or why not.

   _____

   _____

   _____

   _____

   _____

   _____

5. What are the store's hours of business? _____

CLASS 8

GETTING AND USING BIRTH CONTROL

NOTE TO THE TEACHER

When making decisions about discussing birth control and about using visual aids during a discussion of birth control, teachers must adhere to district guidelines and policies that may be in effect. Additionally, use your best judgment about the appropriateness of these activities in your individual school. Make sure parents have been informed of the birth control demonstrations taking place in class.

Throughout the discussion about birth control, remind students that this information is for when they decide to use birth control, which might not be for a long time. However, it is important information that they will need eventually.

SYNOPSIS

The lecture on birth control begun in Class 7 is continued with a discussion of the birth control pill. Students prepare to locate clinics in their area and make plans for contacting one to get information about birth control. Students apply their knowledge about preventing pregnancy to deciding which method(s) might be best for them. Op-

tions for this lesson include a guest speaker from a local clinic or a field trip to a local clinic.

PREPARATION

- For visual aid, obtain a package of birth control pills.
- Review birth control information contained in this lesson in *Ways to Prevent Pregnancy Lecture/Demonstration Notes*.
- Determine the activities to use in this class based on the most appropriate way to work with your local clinic(s).
- Have a local telephone directory (or several) available.
- For each student, copy **Visit or Call a Clinic** (Homework 8.1).
- For each student, copy **The Way to the Clinic** (Homework 8.2).
- For each student, copy **How Will You Avoid Pregnancy?** (Worksheet 8.3).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Ways to Prevent Pregnancy Lecture/ Demonstration	15 minutes	*Ways to Prevent Pregnancy Lecture/ Demonstration Notes* Pack of 28-day pills
Discuss Homework	15 minutes	**Visit or Call a Clinic** (Homework 8.1) **The Way to the Clinic** (Homework 8.2)
How Will You Avoid Pregnancy?	10 minutes	**How Will You Avoid Pregnancy?** (Worksheet 8.3)
Lesson Summary	5 minutes	None

ACTIVITIES Ways to Prevent Pregnancy Lecture/Demonstration

Remind students that they discussed effective nonprescription birth control methods in the previous lesson. Tell them that today the class will discuss the birth control pill, which requires a prescription.

Ways to Prevent Pregnancy Lecture/Demonstration Notes

IV. METHODS OF BIRTH CONTROL THAT ARE VERY EFFECTIVE (continued from Lesson 7)

E. **The birth control pill** is a method that requires a prescription.

1. *What it is:* There are many different types of birth control pills. They all contain different amounts of the female hormones estrogen and progesterone. The pill mimics the hormones of pregnancy and stops the woman's body from ovulating. Birth control pills require a prescription from a doctor or clinic.

2. *How it works:* The woman takes a birth control pill every day. The hormones in the pill keep her body from releasing an egg. Without an egg, the woman can't get pregnant.

3. *How to use it:* The woman takes **one pill at approximately the same time every day. After taking her first pack of pills (one complete cycle) she is protected against pregnancy all day, every day, as long as she continues to take a pill every day.**

4. *How to get it:* To use birth control pills, a woman needs to plan ahead. She cannot get and use pills the same day she decides she wants them.

   First, she needs to make an appointment with a doctor or clinic for a pelvic examination and Pap test.

   After the examination, the doctor or clinician will give her a prescription for the pill and instructions about when to begin taking them.

5. *Risks and disadvantages:* There are several minor side effects associated with birth control pills. These may include nausea, sore breasts, slight weight gain, skin problems and/or depression. (A woman might not have any of these symptoms.) These usually go away after about three months.

   The main risk with birth control pills has to do with the circulatory system—blood clotting problems, heart attacks and strokes. However, these serious problems occur in only a small number of users.

   Women who smoke, are very overweight, are over 35 years old or who have health problems such as high blood pressure or diabetes are at much greater risk for these serious side effects and should *not* use birth control pills.

No current research shows that the pill causes cancer.

Birth control pills may cause liver problems and changes in metabolism.

Because of the health risks associated with the pill, women who use it must be medically supervised and have regular check-ups at least once a year.

Because there has been so much concern about risks associated with the birth control pill, it might be helpful to compare these risks with other risks we take in our lives. One out of 63,000 pill users who do not smoke will die from a complication of taking the pill. However, the chance of death in a year for pregnant women is 6 times higher; the chance of death in a year from smoking is 30 times higher; motorcycling is 60 times higher; automobile driving or power boating is 10 times higher and playing football is twice as high.

6. *Effectiveness and advantages:* The pill is very effective (97.5% to 99.9%) if the woman remembers to take her pills as prescribed.

For the birth control pill to be effective: (1) don't forget to take it; (2) use other protection during the first month; and (3) don't take someone else's pills.

Some women find that the pill is a convenient method of birth control that does not affect spontaneity.

A woman's periods may be lighter, shorter and more regular with less cramping when she takes the pill.

The pill also may protect a woman from other problems such as pelvic inflammatory disease (PID), ovarian and cervical cancer and benign breast lumps.

Visit or Call a Clinic

1. Explain that many people—including adults—avoid going to a clinic or local doctor to discuss birth control because they don't know what to expect. Besides learning what services are offered at local family planning clinics, this homework assignment asks students to rate their comfort level while at the clinic. Hand out the 2-page homework and tell students they can complete the assignment in one of four ways:
   a. They can visit a clinic, complete homework and describe the way to get to a clinic.
   b. They can visit a clinic and complete homework.
   c. They can call a clinic, complete homework and describe the way to get to a clinic.
   d. They can call a clinic and complete homework.

   Whichever version of the assignment students choose, they must

all complete **Visit or Call a Clinic**. For additional points, they may complete **The Way to the Clinic**.

Pass out local phone directory (or several) and have students find the clinic section in the yellow pages. Select 2 or 3 conveniently located clinics (or the clinics that have agreed to participate) from which they can choose. Have them choose in class so you can control the number of students contacting each clinic. (If there is only one clinic, consider the alternatives below.)

Have students write the name of their clinic in the space provided on the worksheet. If the clinics have given you information about the best times to answer questions, etc., share those with students. As a general rule, encourage them to visit the clinic in pairs, but discourage going in groups larger than 3. Encourage students to go with their boy or girlfriends, even if they aren't in the class. Tell students they should bring back some literature available from the clinic. This could be a pamphlet or a flier describing services. Remind them that clinics are professional places and that they should use their best behavior. Additionally, they should keep the names of anyone they see at the clinic to themselves.

2. Conduct a brainstorming session to generate some questions that can be used when visiting the clinic.

If students are slow getting started, help them prepare to ask:

a. How much does a clinic visit cost?
b. What is the confidentiality policy?
c. What services are available?
d. How long does it take to get an appointment?
e. Do you have to want a birth control method now, or can you make an appointment for a consultation only?
f. What happens during a typical appointment and how long does it take?

Alternative to Visit a Clinic Homework

NOTE TO THE TEACHER

In some communities, individual visits to a clinic may be impractical because of distance, the availability of only one small clinic, or student concerns about confidentiality. Since person-to-person contact with health care providers is important to increasing birth control use, some teachers may not be satisfied with having the majority of students telephoning the clinic. In addition, clinics may not want to receive a lot of calls from one class. In either or any case, two other alternatives are suggested. When alternative activities are used, students can still complete both pages of the homework.

1. *Speakers.* Invite someone from a family planning clinic to speak to the class. Most family planning offices (public hospitals, public health clinics and walk-in comprehensive care centers) are able to provide a speaker who will describe what happens at a clinic and present a film or lecture about family planning methods. Such a visitor would help students think of the family planning clinic as more "teen friendly." If there is no film, encourage the speaker to do a role play (perhaps with your assistance).

2. *Field Trips.* Some clinics are willing to host students in small groups. This would almost certainly require that the class be split into smaller groups. The field trips would take some planning, but would ensure that students actually visited a clinic—another important part to increasing birth control use. Clinic staff may be willing to lead the field trip.

NOTE TO THE TEACHER

Be sure to clarify the answers to likely questions during your prelesson contacts with clinics.

The timing of this lesson may vary significantly depending on which approach you take to the **Visit or Call a Clinic** assignment. There may be time to complete **How Will You Avoid Pregnancy?** (Worksheet 8.3) in class. If not, do not send it home as homework. Students should have a chance to focus on **Visit or Call a Clinic**.

How Will You Avoid Pregnancy?

Tell students this worksheet gives them a chance to review and personalize the abstinence and birth control information they have learned to date. These worksheets are for students to use for their own information and not for class discussion or teacher review.

Lesson Summary

Remind students that knowing where to go, how to get there and who to talk to about birth control is an important aspect of responsible sexual behavior. Explain that you realize they may not need this information just yet, but they will most likely need this information at some point in their life. And, they may know someone who needs the information now. A person-to-person visit with a health care provider is the best way to find out the information so students can use it as soon as they are ready to have sex and not after.

Name _____

Visit or Call a Clinic

1. Name of clinic _____

2. Address and Phone number of clinic _____

   _____

3. Clinic is open from _____ a.m. to _____ p.m. _____ days a week.

4. The following services are available at this clinic:
   Birth control _____ Prenatal care _____ STD treatment _____
   Pregnancy tests _____ Sterilization _____ Counseling _____

5. A routine examination or consultation about birth control information costs $_____.

6. Most states have laws that clinics can't disclose information about clients without written consent, including whether or not clients visit the clinic. This is called "client confidentiality." This clinic's confidentiality policy is as follows:

   _____

   _____

   _____

7. Besides English, the following languages are spoken at this clinic: _____

   _____

8. I felt the following level of comfort in this clinic (include such things as decor, friendliness of staff, magazines/pamphlets available in waiting room, etc.):

1	2	3	4
Very comfortable	Fairly Comfortable	Somewhat Comfortable	Uncomfortable

9. I would/wouldn't tell a friend to visit this clinic for a birth control examination/information consultation. Write 2 sentences telling why or why not.

   _____

   _____

   _____

   _____

10. Something I learned at this clinic is _____

    _____

    _____

Reminder: To get credit for visiting the clinic, attach a clinic card or brochure from the clinic.

Name _____

The Way to the Clinic

Bus or Train Route from School to the Clinic*

Which bus do you catch? Number or name of bus _____

Where do you get on the bus? _____

Do you need to transfer? Yes No

What are the transfers? _____

Where do you get off? _____

About how far did you have to walk from the last bus to the clinic? (You may attach a bus route map and mark the route.) _____

_____

Car, Bike or Walking Route from School to the Clinic*

Describe the route from your house or the school to the clinic. Give all street names and freeway numbers. Try to remember and write down other landmarks (like a fast food restaurant or a park) that cue you when to turn. On the attached sheet of paper or map, I have described the:

___ Car Route

___ Bike Route

___ Walking Route

*You may attach a map and mark the route.

How Will You Avoid Pregnancy?

Directions: This worksheet is for your own use and information. It is not for class discussion and will not be turned in to the teacher.

1. Which method(s) for preventing pregnancy would you like to know more about? ____

   _____

   _____

2. How will you find that out? _____

   _____

3. Which method seems most convenient? _____

4. Which method has the fewest side-effects that worry you? _____

   _____

5. Which methods are effective enough for you? _____

   _____

6. Which method do you think your boyfriend or girlfriend will be most interested in using? _____

   _____

7. Which method would your parent(s) be most likely to approve? _____

   _____

8. Show your conclusions from this self-exam by circling the numbers that show which methods seem best for *you*.

	Best Choice	OK Choice	Worst Choice
Abstinence	1	2	3
Condoms	1	2	3
Foam	1	2	3
Condoms + Foam or Sponge	1	2	3
Sponge	1	2	3
Pill	1	2	3

CLASS 9

KNOWING AND TALKING ABOUT BIRTH CONTROL: SKILLS INTEGRATION I

SYNOPSIS

Class 9 is the first of 3 lessons that provide students the opportunity to practice the communication skills they have just learned using the information and experiences from earlier lessons on birth control methods and clinic services. Students take a quiz on birth control methods, then watch role plays in which friends talk to each other about issues related to sex. A discussion follows about ways to handle similar situations with friends.

PREPARATION

- For each student, locate **Birth Control Myths and Truths** (Worksheet 6.3) with Round 1 previously completed.
- Review **Birth Control Myths and Truths** (Teacher key 9.1).
- Two copies of **A Lunchtime Chat** (Role play 9.2).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Birth Control Myths and Truths, Round 2	15 minutes	**Birth Control Myths and Truths** (Teacher key 9.1)
Demonstrate and Practice Role Play	30 minutes	**A Lunchtime Chat** (Role play 9.2)

ACTIVITIES

Birth Control Myths and Truths, Round 2

1. Have students return to **Birth Control Myths and Truths** (Worksheet 6.3) and complete the worksheet again, making use of the new information they have learned. They should fill in the "Round 2" section of the worksheet.

2. After students have completed the worksheet, review each answer using Teacher key 9.1. Clarify answers as necessary. Ask students if they scored better on the Round 2 section. Discuss as time allows.

Demonstrate and Practice Role Play

1. Introduce the same-sex role play entitled **A Lunchtime Chat** (Role play 9.2). Tell students that many judgments about sexuality and birth control are made by talking with same-sex friends and that it's important to talk to friends in a way that protects our decisions. Explain that if they change their minds about a particular decision (give up what they want) just by talking to a friend, they are more likely to give up what they want when they are talking to a boy or girlfriend. On the other hand, if they stick with what they want during talks with friends, they are more likely to be clear and firm when a potentially sexual situation with a boy or girlfriend comes up.

2. Using **A Lunchtime Chat** (Role play 9.2), demonstrate a discussion between friends with a same-sex student volunteer. After the role play, ask the class to provide input on other ways to talk and

handle a similar situation. To encourage discussion repeat each line in the role play and ask for possible responses from the class.

3. Have students divide into groups as usual and role play. This time, guys will role play with guys and girls with girls (although the role play can involve a guy and a girl). Do not use the **Observer Checklist** for these role plays.

4. Ask the class to provide examples of other situations that arise when friends talk to each other about things related to sex. Extract useful responses.

NOTE TO THE TEACHER

If time permits, and **How Will You Avoid Pregnancy?** (Worksheet 8.3) was not completed earlier, have students complete it now.

Birth Control Myths and Truths

1. *The best way to use a condom is to pull it on tight.*

   MYTH. The best way is to leave some space at the tip to catch the semen. If the condom has a reservoir tip, you can pull it on tighter.

2. *Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent.*

   TRUTH. You do not need a parent's permission to get birth control at a clinic. No one needs to know that you are going to a clinic.

3. *Girls can get pregnant if the penis doesn't actually enter the vagina.*

   TRUTH. Sperm deposited on the outside of the vagina can make it into the vagina and on up into the tubes. Sperm can even get through underwear.

4. *Girls can get pregnant if they have sex only during their periods.*

   TRUTH. Girls can get pregnant at any time during their cycles, especially if they have short or irregular cycles.

5. *Douching after sex will wash out the sperm and protect against pregnancy.*

   MYTH. A girl can't douche fast enough to catch the sperm, and douching may even help the sperm reach the tubes faster.

6. *A woman is protected from pregnancy the day she begins taking the pill.*

   MYTH. Most physicians recommend that women abstain or use an additional method of birth control for the cycle after she begins using the pill. After this initial period, the woman is protected every day, including during her period.

7. *Condoms are effective because they don't break easily and they don't leak.*

   TRUTH. Condoms are very effective, depending on how carefully they are used. They are also good protection against sexually transmitted diseases (STDs). Condoms are inspected before being marketed, and safety regulations require that condoms be able to hold a large amount of air without breaking. Condoms should not be exposed to heat or Vaseline, as both can deteriorate the rubber and increase chances of breaking.

8. *If a guy pulls his penis out of a girl in time (before he ejaculates), he can prevent pregnancy.*

MYTH. As soon as a male gets an erection, fluid can carry enough sperm into his urethra to escape into the vagina and cause pregnancy, even before ejaculation. Men have no control over the release of this fluid. Withdrawal may, however, offer some protection. It is better than nothing for couples who have unprotected sex.

9. *A contraceptive sponge offers protection for a full day.*

TRUTH. The sponge contains enough spermicide to kill sperm for up to 24 hours.

10. *Foam and sponges provide some protection from STDs.*

TRUTH. Both of these birth control methods reduce the risk of infections.

A Lunchtime Chat

Between Two Girls or Guys

Setting the stage:

You are talking to a friend at lunch. You tell your friend that you and your boyfriend or girlfriend are thinking about going to a family planning clinic and getting the pill. Your friend doesn't think the pill is a good method and speaks first.

Friend: Watch out, the pill might make you/your girlfriend gain weight.

You:

Friend: But doesn't the pill give you/your girlfriend cancer?

You:

Friend: Anyway, you'll have to tell your/her mother because you probably need her permission to get the pill.

You:

Friend: Isn't it really expensive to take the pill?

You:

Friend: I know I'd never remember to take a pill every day.

You:

Friend: What makes you think you can really go to the clinic without everybody knowing?

You:

CLASS 10

SKILLS INTEGRATION II

SYNOPSIS

Lesson 10 provides students with further opportunities to practice the skills they are learning to help them say no and to make decisions about contraception. In addition to partially scripted role plays, students are presented with "situations" in which they must decide as a group how to handle difficult predicaments.

PREPARATION

- 4 copies each of **Situation A** and **B** (Group handout 10.1 and 10.2).
- Classroom set of **Two Hours to Kill** (Role play 10.3) and **A Small Party** (Role play 10.4).
- Copy classroom set of **Observer Checklist** (Form 10.5).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Review Refusal Skills	5-10 minutes	None
Generating Alternatives Exercise	15-25 minutes	**Situation A** (Group handout 10.1) **Situation B** (Group handout 10.2)
Role Play in Small Groups	15-25 minutes	**Two Hours to Kill** (Role play 10.3) and **A Small Party** (Role play 10.4) **Observer Checklist** (Form 10.5)

ACTIVITIES

Review Refusal Skills

Have students recall components of effective refusal skills—that is (1) use the word no, (2) repeat no, (3) use nonverbal no, (4) build relationships, and (5) suggest alternatives.

Generating Alternatives Exercise

1. Tell students this activity will have them consider an important aspect of refusal skills—suggesting an alternative.

2. Divide class into four mixed-sex groups. Give **Situations A** and **B** (Group handouts 10.1 and 10.2) to each group. Give one person in each group the situation sheet and ask him or her to record the alternatives the group discusses.

3. Give groups a couple of minutes to read the situations and then list as many alternatives as they can for each. Explain that the goal is to think of as many options as they can; to try and look at the situation from as many points of view as possible.

4. Have a volunteer from each group present their suggestions regarding **Situation A** to the class. Reinforce the number of options provided by the class—having a lot of options in mind will help

them find ways to live up to their decisions not to have unprotected sex. If one idea doesn't work, they can always try another. "Withdrawal" and "finding something similar to a rubber around the house" should, of course, be discouraged. Being able to think imaginatively is a step towards avoiding confrontations and situations that ruin your relationships or lead to pregnancy.

Role Play in Small Groups

1. Suggest to students that the alternatives they have just suggested could be used in the next role plays, **Two Hours to Kill** (10.3) and **A Small Party** (10.4).

2. Have the groups stay together and hand out both role plays. Again, instruct students to alternate the males and females in the unscripted parts. Make sure each student has the chance to be in the unscripted role. Have students use the **Observer Checklist** (Form 10.5). Walk around and facilitate student-to-student feedback.

Situation A

Jeanette and David have gone out for a long time but have never had sex. One day they go to David's sister's apartment. She is in the bedroom with her boyfriend. In the living room, Jeanette and David start to kiss and warm up to each other.

What can Jeanette or David do to avoid sex or unprotected sex?

List alternative actions below:

Situation B

Anthony and Liza have been to a party and then go to Anthony's home to be alone. They start to kiss and undress each other. Anthony reaches into his jacket pocket, and realizes that he doesn't have the rubber he planned to use. He says, "I think somebody stole the rubber I had."

What can Anthony and Liza do to avoid unprotected sex?

List alternative actions below:

Two Hours to Kill

Guy Reads to Girl

Setting the stage:

You are at your boyfriend's house after school. You aren't ready to have sex and you've told him this. You know his mother won't be home for two hours. You are kissing and touching and your boyfriend lets you know he wants to make love. You do not want to make love. He speaks first.

Guy: It's ok to have sex when you love each other.

Girl:

Guy: We don't get many chances to be alone.

Girl:

Guy: You're not worried about getting pregnant, are you?

Girl:

Guy: Ok then, I'll use a rubber.

Girl:

Guy: I just feel so close to you. That's why I want to have sex.

Girl:

Guy: If you loved me as much as I love you, you'd do it.

Girl:

Guy:

Girl:

A Small Party

Girl Reads to Guy

Setting the stage:

You've been going out with a girl for 6 months and care for her very much. There's going to be a small party at a good friend's house and the two of you can be alone. Your girlfriend asks you to get some protection before the party. You're not ready to have sex. The girl speaks first.

Girl: I guess you don't really care about me.

Guy:

Girl: I feel like a fool asking you. I never thought you'd act like this.

Guy:

Girl: Are you starting to see someone else?

Guy:

Girl: Well, I thought you'd really want to do it.

Guy:

Girl: What if I got the protection?

Guy:

Girl: This takes the fun out of going to the party.

Guy:

Girl: I guess it's not so important, right now.

Guy:

Name: _____ Date: _____

Observer Checklist

ROLE PLAY #

SKILLS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Relationship Building						
Delaying Tactic						

CLASS 11

SKILLS INTEGRATION III

SYNOPSIS

Class 11 provides continued opportunities for students to practice handling situations that might otherwise lead to unprotected sex.

PREPARATION

- For each student, copy **My Kid Sister** (Worksheet 11.1).
- For each student, copy **Time for a Rubber** (Role play 11.2).
- For each student, copy **Observer Checklist** (Form 11.3).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
My Kid Sister	10-25 minutes	**My Kid Sister** (Worksheet 11.1)
Role Play in Small Groups	20-30 minutes	**Time for a Rubber** (Role Play 11.2) **Observer Checklist** (Form 11.3)

ACTIVITIES

My Kid Sister

Hand out **My Kid Sister** (Worksheet 11.1). Tell students to complete the form according to the directions on the worksheet. Remind them of communication skills they might use (relationship building, suggesting an alternative, and helping her delay). Allow approximately 10 minutes for students to complete worksheet. When they are finished, discuss:

a. best reasons not to have sex;

b. reasons to have sex; and

c. good ways to encourage kids not to have sex.

Role Play in Small Groups

As before, divide students into groups and have students role play **Time for a Rubber** (Role play 11.2). This is an equal opportunity role play and males or females can play either part. Again, instruct students to alternate males and females in the unscripted part. Make sure each student has the chance to be in the unscripted role. Have students use the **Observer Checklist** (Form 11.3). Walk around and facilitate student-to-student feedback. *This time,* tell students that they don't have to use the scripts. After reading the situation, they can create their own lines if they wish.

My Kid Sister

Directions: Imagine that you have a younger sister who is 12 years old. She tells you she wants to have sex with her boyfriend. You don't think she should have sex yet. Write in what you would say to her.

Sister: He really wants me to and I love him.

You:

Sister: He's the cutest boy in school.

You:

Sister: I'm going to do it someday, anyway. What's wrong with now?

You:

Sister: He said he'd use a rubber.

You:

Sister: We really love each other.

You:

Sister: If I lose him, I'll just die.

You:

Time for a Rubber

Setting the stage:

You and your boyfriend/girlfriend have had sex without using birth control. You just found out a close friend is pregnant and you don't want it to happen to you. You want to talk about using a rubber, but you're nervous so you've put it off. Now you're alone together in a RED ALERT situation. You stop and say you want to talk.

You:

Your boy/girlfriend: Now? What do you want to talk about at a time like this?

You:

Your boy/girlfriend: We've done it before and you're/(I'm) not pregnant.

You:

Your boy/girlfriend: Let's talk about it next time, okay? Don't spoil the mood.

You:

Your boy/girlfriend: I don't want to use birth control. I don't think it would feel right.

You:

Your boy/girlfriend: Nothing's going to happen. My sister has sex without birth control and she's not pregnant.

You:

Your boy/girlfriend: Other couples do it without birth control.

You:

Your boy/girlfriend: I just think it will take away half the fun.

You:

Your boy/girlfriend: Sounds like you're really serious. I guess a rubber is easy to get.

You:

Your boy/girlfriend:

Name: _____ Date: _____

Observer Checklist

ROLE PLAY #

SKILLS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Relationship Building						
Delaying Tactic						

CLASS 12

PREVENTING AIDS AND OTHER STDS

SYNOPSIS

To help students understand the commonalities of STDs, including AIDS, and especially how to protect themselves from these sexually transmitted diseases, they work in small groups to explore information about transmission and prevention of 5 specific STDs. Groups compare the ways these STDs are transmitted, how they are prevented, how to get treatment, and then make some conclusions about STDs including AIDS in general.

NOTE TO THE TEACHER

This is not an AIDS unit, but it does discuss AIDS and other STDs to underscore the benefits of abstinence or condom use. Not all aspects of transmission or methods to reduce the risks of infection are discussed. Additional teacher background information about AIDS, including prevention and transmission, is provided as a reference at the end of the procedures for this class.

PREPARATION

- Obtain a classroom set of "STD Facts" (a pamphlet available from Network Publications) or other pamphlets on STDs including AIDS from a local resource.
- Copy a classroom set of **How an STD Would Change My Life** (Homework 12.1).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Facts About STDs Including AIDS	40-80 minutes (up to 2 classes)	Classroom set of "STD Facts" or other pamphlet
Assign Homework	5 minutes	**How an STD Would Change My Life** (Homework 12.1)

ACTIVITIES

Facts About STDs Including AIDS

1. Tell students that sexually transmitted diseases (STDs) are not a single disease, but actually a group of communicable diseases that are spread through intimate (usually sexual) contact. Another name for STD is "venereal disease," which, historically, came from the name Venus, the goddess of love. STD is the new terminology and can be used interchangeably with VD when referring to diseases that are transmitted by intimate sexual contact. **One in seven teenagers currently has an STD.**

2. Write the names of five common STDs across the top of the board: syphilis, gonorrhea, herpes, chlamydia and AIDS. Divide the class into 5 groups. Provide each student with pamphlet(s) on STDs. Ask each group to pick an STD to study. On the board, cross out each STD as it is picked so it will be used only *once*. Instruct each group to identify the following 5 characteristics about the STD they have chosen and record them on paper.
   a. how I could get it
   b. how I can prevent it
   c. how it would change my life

d. how I would know I have it (symptoms)
e. how I would get treatment

NOTE TO THE TEACHER

One option is to give each group a piece of butcher paper with the name of an STD at the top. Have them write in large letters. Then post all papers side-by-side.

3. Give groups about 10 minutes to research the STD. Then, ask each group to provide a summary statement for each of the 5 points on each STD.

4. After all groups have reported, pull 5 summary statements that are true about all these STDs on each point. *For example:*
   a. You can get STDs including AIDS from intimate sexual contact with someone who has the disease.
   b. You can prevent STDs including AIDS by abstaining, having a monogamous sexual relationship, or reducing the risk by using a latex rubber and a sponge or foam.
   c. STDs including AIDS can all damage an unborn baby, make you sterile, and weaken your general health.
   d. Having an STD has a social stigma and is embarrassing.
   e. You should go to a clinic or see a physician if you see any symptoms.
   f. At first, a person with an STD will look and feel healthy but can still transmit the disease to others.

5. Ask how AIDS differs from the other STDs.
   a. You get it from blood, semen and vaginal secretions.
   b. Currently, there is no cure for AIDS.
   c. AIDS is significantly more lethal than other STDs, with few persons diagnosed living more than two years.
   d. AIDS receives much more attention from the press.
   e. People are more afraid of AIDS than other STDs.
   f. Many heterosexuals do not consider themselves to be at risk for AIDS.
   g. AIDS may be transmitted by sharing IV needles.

Assign Homework

1. Hand out the homework **How an STD Would Change My Life**

(Homework 12.1). Have students write the name of the STD that was discussed in their group on the homework. Their answers to questions on the homework will all relate to that specific STD.

2. Collect homework in another class and discuss as time permits.

Teacher Background Information About AIDS

Whereas this course is not about AIDS, preventing AIDS is very important to the considerations of abstinence and contraception. This section provides *basic* information about AIDS and is intended as a resource for discussing AIDS. Not getting AIDS is an excellent reason to never have sexual intercourse without using a latex condom. AIDS stands for Acquired Immunodeficiency Syndrome. It's a disease that breaks down a part of the body's immune system so the person with AIDS can get a variety of unusual, life-threatening illnesses that healthy people don't get. There is no known cure.

I. TRANSMISSION

A. Students may have heard that AIDS is a disease gay men get. That's true, but women, children, babies, drug users who use needles, heterosexuals, and even some teenagers have gotten AIDS. In the United States today, most of the people with AIDS *are* gay or bisexual men. An increasing number of heterosexuals are being affected too. It is believed that a growing number of these people may have gotten the virus when they were teenagers. In some countries, almost all cases of AIDS are among heterosexuals. In 1989, the breakdown for source of infection in U.S. AIDS cases was roughly 62% gay or bisexual men, 20% intravenous drug users, 7% gay and IV drug users, 4% heterosexuals, and 7% other.

B. **AIDS is caused by a virus called HIV (human immunodeficiency virus).** *Anyone* infected with HIV can become ill, regardless of age, sex, race, sexual orientation, or anything else. Because many people look and feel healthy, carriers of HIV do not know they are infectious. This has made it very hard to stop the spread of the disease. HIV also has a long incubation period—it can take quite a while between the time a person is first infected and the time he or she actually gets sick. This might take anywhere from 6 months to 7 years or more.

C. **People only get AIDS one way**—the semen, vaginal secretions, blood (or perhaps urine or feces) of someone infected with HIV directly enters the blood stream of someone who is not infected. Here are some ways that might happen:

1. AIDS can be passed between sexual partners engaging in either vaginal or anal intercourse. It may be passed between partners engaging in oral-genital sex.
2. The AIDS virus (HIV) can enter the blood stream directly when IV drug users share needles. The virus may be transmitted by people sharing needles for tattooing without sterilizing them properly.
3. In the past, some people have gotten HIV from blood transfusions, or from special blood

products for diseases like hemophilia. Now, blood donations are screened and tested, so the blood supply is safer. The medicines for people with hemophilia are heat-treated to destroy the virus. The chances of getting AIDS from a blood transfusion are much smaller than the chances of dying from the operation if you don't get enough blood.

4. A woman infected with HIV can pass it to her unborn child. The baby may be infected before birth, when it shares the mother's blood system.

D. **Anyone can get AIDS** if he or she is exposed to the virus through unsafe sex or the sharing of IV needles.

Those at highest risk are people with any sexual partners in areas where the disease is already widespread. For most heterosexuals in the United States, the risk of coming in contact with HIV today is small. Abstaining from sex or using condoms along with not sharing IV needles can keep the risk small in the future. Still, even though the risk is small, it is a potentially fatal risk.

E. HIV is not spread by casual contact. Unless you have sex without a condom or shoot drugs, **AIDS is a difficult disease to get**. Tell students some of the things they can do that will **not** expose them to the AIDS virus. They *cannot* get AIDS by touching or hugging someone, sharing food or drinks, or riding buses. They *cannot* get it from toilet seats or sinks or swimming pools or hot tubs. They *cannot* get it from drinking fountains. They *cannot* get it by sharing telephones, paper or pencils. They *cannot* get it from someone coughing or sneezing on them. They *cannot* get it from giving blood to a blood bank.

II. PREVENTING AIDS

A. After explaining that AIDS is not easy to get, and ways people *can* get it, explain what to do to make sure they don't get it.

1. **Don't take any body fluids directly into the body** during any kind of sexual intercourse. Use latex condoms (rubbers)—they are able to stop the AIDS virus (HIV) when used correctly.

2. **Don't share needles for IV drugs** or tattoos, *ever*.

B. A person **cannot tell just by looking at someone** whether he or she has been exposed to the virus. Some people infected with HIV look and feel very healthy. The best bet is to follow these two prevention guidelines all the time.

C. Most condoms help prevent AIDS, but those made of *animal skin* do not. Use a latex condom to prevent AIDS.

D. Spermicidal lubricants are available and can be used with condoms. Nonoxynol-9 is a substance in some of these spermicides that has been shown to kill HIV on contact. People should use a nonoxynol-9 spermicide along with a condom in vaginal and anal intercourse as "extra" insurance. Nonoxynol-9 is *not* considered an effective preventive without a condom.

III. WHAT KEEPS PEOPLE FROM FOLLOWING AIDS PREVENTION GUIDELINES?

A. There are assorted reasons people do not follow these guidelines. They may not know about AIDS prevention. They may not consider themselves at risk. Or they may know they have a risk but believe "it could never happen to me."

B. Condoms are the important element of safer sex practices, but many people are embarrassed or uninformed about the purchase or use of condoms. That's one reason we pay so much attention to finding the best ways for you to buy, keep and use condoms.

IV. WHAT WOULD IT DO TO ME?

AIDS results in a weakened body state that allows many diseases—like cancer and pneumonia—to take over your body. This process may take years or happen very quickly.

V. HOW WOULD I GET TREATMENT?

There is no cure and none is expected soon. If you get AIDS, you can get treatment for some of the other diseases that develop, but HIV will remain.

How an STD Would Change My Life

Directions: Write the name of the STD that you discussed in your group and that you will use to complete this homework on this line _____. Write the name of that disease in the blanks in the middle of the first 2 sentences below.

1. If I had the STD called _____ I *should* make the following changes in the way I act with guys/girls:
   1. _____
   2. _____
   3. _____

2. If I had the STD called _____ it would harm me in these ways:
   1. _____
   2. _____
   3. _____

3. The most difficult thing for me about having this STD would be:
   1. _____
   2. _____
   3. _____

CLASS 13

IMPLEMENTING PROTECTION FROM STDS AND PREGNANCY

SYNOPSIS

The purpose of the activities in Class 13 is to help students develop plans for preventing pregnancy and reducing the risk of STDs including AIDS through the use of a condom. In the first activity, students project on a worksheet what they would say and do to take steps toward protection. Then they use their experience in thinking about these plans to create the content in the role play activity.

PREPARATION

- For each student, copy **The Steps to Protection** (Worksheet 13.1)

OUTLINE OF ACTIVITIES

Activity	Time	Materials
The Steps to Protection	10-25 minutes	**The Steps to Protection** (Worksheet 13.1)
Role Plays	15-25 minutes	None
Lesson Summary	5 minutes	None

ACTIVITIES

The Steps to Protection

1. Tell students the path to self-protection is not without twists and turns. There are several decisions to make, actions to take and troubles to shake. The following exercise gives students a chance to think through the steps to self-protection and to plan ways to achieve their goal of avoiding (or greatly reducing) exposure to STDs including AIDS, and pregnancy by the use of condoms. Hand out **The Steps to Protection** (Worksheet 13.1) for students to complete. This worksheet should be done alone since it includes some rather personal decisions that each person must make. The idea is to help students develop plans for using condoms for a time in their lives when they might need it. This worksheet is specific to planning for the use of condoms and foam.

2. When most students have completed the first step ("Talking About a Plan for Protection"), discuss it. Volunteers should share ideas for taking steps for self-protection. See if students have the idea of talking about it ahead of time before going on to the next 2 steps on the worksheet.

Role Plays

1. Role plays follow-up on the individual plans and the class discussion of **The Steps to Protection** (Worksheet 13.1). Put students into small groups of no more than 4. Tell them to develop a role play that addresses one of the 3 steps of preparation for using condoms. Instruct groups to write a script that describes a discussion that might occur in Step 1 while "Talking About A Plan for Protection" or Step 3, "Using Protection." Have them write a full

script on the back of Worksheet 13.1 or on a separate sheet of paper.

2. When students have had a chance to finish the scripts, have them return to the full group and read their role plays aloud to the rest of the class.

Lesson Summary

Tell students that many of them plan just what they are going to do and say to get a friend to loan them a fancy coat or car, to get a girl or guy to go out with them, or to convince their parent(s) to give money to a great cause like themselves. Remind them that they can also plan every detail of how to protect themselves. Today was just a start. Tell them if they go all the way with planning, they won't go all the way into trouble.

NOTE TO THE TEACHER

Remind students that the **Shopping Information Form** (Homework 7.1) and **Visit or Call a Clinic** (Homework 8.1) are due in the next class.

The Steps to Protection

Directions: Picture a time in your life when you would be ready to have sex. It may be now, next year, or when you're married. Suppose you are concerned about preventing a pregnancy or preventing STDs and want to use a condom and foam. The steps to protection are described. You are to write how you would do it.

Setting the Stage:

You and your boyfriend or girlfriend have not had sex before, but you have been going out for a long time and have an anniversary or wedding coming up next Saturday night. You think it is about time for sex but you are not exactly sure what the other one thinks. You want to be sure that you are protected from STDs including AIDS, and pregnancy by saying no or using a rubber and foam. The steps to protection are described. You are to write how you would do it. Section 3 is optional.

STEP 1: Talking About A Plan for Protection

1. *Talk to Your Partner About Using a Condom and Foam*

Where will you talk about it? _____

When will you talk about it? _____

What will you say? _____

_____

What problems might arise in planning for protection? _____

_____

What would you do then? _____

_____

STEP 2: Preparing for Protection

2. *Get the Condoms and Foam*

Who will get it? _____

When? _____

Where? _____

What problems might arise in getting it? _____

_____

What would you do then? _____

_____

STEP 3: Using Protection

3. *Use the Condoms and Foam on Your Anniversary or Wedding Night*

Whose job would it be to carry the protection? _____

Who would bring it out? _____

What would he or she say? _____

_____

_____

What would be the most romantic way to use the condom and foam? _____

_____

_____

What might go wrong? _____

What would you do to save the evening? _____

_____

CLASS 14

STICKING WITH CONTRACEPTION AND ABSTINENCE

SYNOPSIS

Class 14 provides students the important opportunity to discuss their experiences with the 2 homework assignments which require them to physically find out information about contraception. Additionally, students discuss and practice the "self-talk" method to help them plan and then stick with the plan to avoid sex or unprotected sex.

PREPARATION

- For each student, copy **Sticking with Contraception and Abstinence** (Worksheet 14.1).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Review Shopping Information and Visit or Call a Clinic Homework	10-20 minutes	Completed **Shopping Information Form** (Homework 7.1) and **Visit or Call a Clinic** (Homework 8.1)
Sticking with Contraception and Abstinence	20-35 minutes	**Sticking with Contraception and Abstinence** (Worksheet 14.1)

ACTIVITIES

Review Shopping Information and Visit or Call a Clinic Homework

1. Ask students what they learned from the trips to price contraception or to the family planning clinic and, especially, ask what helped them to complete the assignment despite possible embarrassment. Discuss the **Shopping Information** homework assigned in Class 7. Include the following questions in your discussion:
   a. What did they learn about types and costs of birth control?
      Pull for: (1) It is easily available.
      (2) It is inexpensive.
      (3) It was not too embarrassing to look at.
   b. How did they feel going into the store and looking at birth control?
   c. What was the worst thing that any of them expected would happen? Did anything like that happen? Did anything good happen?
   d. Find out how many of them would recommend the stores they visited. If a lot would recommend theirs, comment that it seems pretty easy to find a store that sells contraception in a friendly way.
   e. Find out the typical hours of operation for these stores. Ask who went to a store that they think stayed open the latest. Ask them where they could go to get birth control even later than that.

2. Then proceed to discuss the **Visit or Call a Clinic** homework

(first assigned in Class 8). In the discussion help students to inform each other about:

a. The names and locations of the clinics they visited.

b. What they expected the clinic would be like and if it was like that.

c. Ask if anyone had a bad experience visiting the clinic or has questions about the clinic experience.

d. Ask if anyone had a good experience and any ideas to share with other people about visiting a clinic.

e. Ask about the confidentiality policies at the clinics and the importance of these policies. Why are these important? (Pull for the idea that sex and sexuality are private and people should and do have control over their choices to use birth control from clinics or drugstores.)

f. Ask what languages were spoken at the clinics. Ask why so many languages were spoken. (Pull for idea that clinics are trying to be sure that everyone feels comfortable and gets all the information they need to prevent unwanted pregnancies.)

g. Check if anyone found a clinic that is especially easy to get to from their home or high school without a car.

Sticking with Contraception and Abstinence

1. Use the following to introduce "self-talk" to students:

"By now, I hope you all have the goal to delay sex or, at least, to avoid pregnancy and STDs. Sometimes other people may try to talk us out of sticking to our goals. But, at other times, we may even talk ourselves out of being abstinent or using birth control. You may have doubts about being able to accomplish your goals. You may wonder if you will know what to do when the time comes to avoid sex or pregnancy. For example, imagine that you and a guy or girl wanted to use a condom for the first time. What are some of your doubts or worries that would keep you from trying it out?"

Give them one idea like, "It's going to spoil it if we have to stop and put on a rubber." Have the class volunteer additional ideas. Generate 8-10 ideas for doubts that might get in the way of using a condom. Write the first 4 ideas on the board. Leave space for writing "doubt" and for writing "doubt-busters." These are things you can do or say to yourself to make using a condom easier. The last 4-6 ideas can just be listed. "Doubts" and "doubt-busters"

might include the following examples:

DOUBT: *I'll look like a beginner if I don't know what to do with the condom.*
DOUBT-BUSTER ACTION: I'll practice putting a condom on my fingers so I'm sure I'll know how.

DOUBT: *It will look like I planned it if I have the condom ready.*
DOUBT-BUSTER ACTION: I could tell him/her that we could go shopping for it together.

DOUBT: *It won't feel as good if we use a condom.*
DOUBT-BUSTER ACTION: Be sure we don't rush so we can enjoy the whole time together before and after the condom.

DOUBT: *He or she won't keep going out with me if I don't have sex.*
DOUBT-BUSTER ACTION: Think of other ways to keep the relationship interesting.

DOUBT: *He or she might think I have AIDS or another STD if I suggest using a condom.*
DOUBT-BUSTER ACTION: I can say that I don't have anything infectious, but this is good protection anyway.

DOUBT: *It won't work if I don't do it right.*

DOUBT: *It might start an argument if I say no.*

DOUBT: *The condom might break.*

For the first 4 ideas, work with the class to generate the "doubt busters" that counter the "doubts" and then identify what can be said or done to improve the likelihood of success at contracepting. Leave the rest of the ideas on the board.

2. Now repeat the exercise for abstinence. Ask students for doubts about their ability to stay abstinent in the face of the temptation to have sex. Many of the items may be similar to the ones you have already listed and will address issues like: (1) I will seem inexperienced or silly; (2) he or she won't think that I love him or her enough to do anything; (3) it might start an argument and hurt our relationship. Add these ideas to the list of doubts that you generated before.

3. Hand out **Sticking with Contraception and Abstinence** (Worksheet 14.1) to each student. Explain that they are to choose 2

doubts about sticking with abstinence or contracepting and write them in the spaces on their worksheets. Then, suggest each student pair up with a student of the opposite sex to complete the worksheet. Allow students who are uncomfortable with this to work with a same-sex partner. They will then help each other figure out ACTIONS to counter those doubts and strengthen their preparation for staying abstinent or contracepting, and write them on their worksheets.

Sticking with Contraception and Abstinence

Directions: Write some DOUBTS that might make it harder for you to abstain or contracept. Then, pair up with a partner and write ACTIONS (DOUBT-BUSTERS) that counter that DOUBT and make you even more prepared to get what you want.

DOUBT: _____

_____

_____

_____

DOUBT-BUSTER ACTION: _____

_____

_____

_____

DOUBT: _____

_____

_____

_____

DOUBT-BUSTER ACTION: _____

_____

_____

_____

CLASS 15

SKILLS INTEGRATION IV

SYNOPSIS

Through a discussion about sticking with choices and practice with a final role-playing situation, Class 15 provides an opportunity for students to extend skills learned for abstinence or avoiding unprotected intercourse.

PREPARATION

- Copy a classroom set of **A Love Story** (Handout 15.1) and **Being Careful on the Couch** (Role plays 15.3 and 15.4).
- Copy for each student **Kathy and Danny** (Worksheet 15.2).
- Write on the board the incomplete "I Learned" statements.
- Copy for each student **Observer Checklist** (Form 15.5).

OUTLINE OF ACTIVITIES

Activity	Time	Materials
Review STD Homework	5-10 minutes	**How an STD Would Change My Life** (Homework 12.1) previously completed
Kathy and Danny	15-25 minutes	**A Love Story** (Handout 15.1) and **Kathy and Danny** (Worksheet 15.2)
Role Play in Small Groups	20-25 minutes	**Being Careful on the Couch** (Role plays 15.3 and 15.4) **Observer Checklist** (Form 15.5)
"I Learned" Statements	5-15 minutes	Incomplete statements on the board.

ACTIVITIES

Review STD Homework

1. Using their completed homework **How an STD Would Change My Life** (from Class 12), ask students to volunteer any ways that an STD infection would (1) require them to act differently, (2) harm them, or (3) make their lives more difficult.

Kathy and Danny

1. Introduce this activity by explaining to students that they will read a story about 2 young people who care about each other, then answer questions on a worksheet. Pass out **A Love Story** (Handout 15.1) and **Kathy and Danny** (Worksheet 15.2). Tell students to think about the following as they listen to the story:
   a. Kathy and Danny's reasons *for* having sex;
   b. their reasons *for not* having sex;
   c. what Kathy and Danny *can do to make sure they don't have sex.*

2. Read the story aloud or have a student read it while the rest of the class follows along. Then have students answer questions 1 through 4 on **Kathy and Danny** (Worksheet 15.2). After students have had a chance to answer the questions, review several answers to questions and write several students' responses on the board. Discuss responses as needed.

3. Explain to students that the last 2 questions on the worksheet are not about Kathy and Danny, but about themselves. Have students complete these two questions based on what they think they would say or do. If time allows, ask students to share responses that may not have been discussed in class. Collect the copies of **A Love Story** (Handout 15.1) for use with other classes.

Role Play in Small Groups

1. Briefly describe the role play.

2. Divide class into groups of no more than 6 with equal numbers of males and females. Provide copies of male and female versions of **Being Careful on the Couch** (Role plays 15.3 and 15.4) for each group.

3. As usual, instruct students to alternate males and females in the unscripted part and to use **Observer Checklist** (Form 15.5). Move from group to group to help facilitate the discussion as needed.

"I Learned" Statements

1. Explain that the purpose of the "I Learned" exercise is to help students focus on what has been most helpful or significant for them during this unit. Since they sometimes get a great deal of information at once, more than they can possibly remember, it can be advantageous to single out that which is most important.

2. Put the following incomplete sentences on the board. Ask the students to think about what they have just learned or relearned about sexuality, or about themselves or their values. Read the sentence stems and ask students to pick 3 and finish them on their own paper.

I learned that...	I was surprised that I...
I noticed that I...	I was displeased that I...
I discovered that I...	I was pleased that I...

Option: Have students write out the "I Learned" statements and turn in. The teacher should then just check to see that they were thoughtfully completed, and return to students.

Lesson and Course Summary

Kathy and Danny and "I Learned" provide an opportunity for students to review skills presented in the course and to think about what they have learned and what they may have discovered about themselves and their thoughts and actions on abstinence, sex and contraception.

A Love Story

Kathy and Danny are sophomores. They've been going out for 8 months and have a very special relationship. They spend a lot of time together and trust each other. They tell each other everything. In many ways, they are best friends.

At the beginning, they decided they didn't want to have sex. They haven't talked about it a lot but Kathy believes it's worth it to save sex for marriage. She loves Danny a lot and has strong feelings for him, but she worries that their relationship would change if they have sex. Danny knows how Kathy feels and he respects her values.

They haven't actually made love, though they do kiss and touch each other a lot and have gotten close to going all the way. Lately, Danny has been hearing that many of his friends are having sex with their girlfriends. Danny feels a little jealous. He worries that he is "falling behind" other kids his age and that he will always be a virgin.

So Danny has been putting some pressure on Kathy to have sex, and they've started talking about it more. Danny is confused. On the one hand, he respects Kathy's feelings and doesn't want to talk her into doing something she doesn't want to do. On the other hand, he doesn't think it's that important to wait for marriage. Their relationship has become a little tense. They argue more and Danny's talking more to other girls and spending less time with Kathy.

Kathy worries about losing Danny. She talked to a friend about her concerns and she said, "So what's the big deal? Having sex isn't that big a thing. You know everybody is doing it." Kathy knows that isn't true but sometimes she *feels* like she's the only one who isn't. "Maybe it isn't all that special," she says to herself. "But, then again, maybe it is." She wishes she could talk to her mother about it, but she doesn't know how her mother would react. So Kathy feels pretty lost and doesn't know what to do.

Kathy and Danny still spend some time together, and one Saturday night they go to the movies. After the movie, they decide to go back to Kathy's house to talk. When they get there at around ten o'clock, they find out that Kathy's parents have gone to a party and won't be back till much later. So Kathy and Danny are alone in the house.

Kathy and Danny

Directions: After hearing the story of Kathy and Danny, answer the first 4 questions. Don't answer questions 5 and 6 until the teacher tells you to.

1. Describe one important reason that Kathy might not want to have sex.

   a. _____

2. Describe two things that Kathy can say or do to delay having sex until she is ready.

   a. _____

   b. _____

3. Describe one reason that Danny would be better off waiting until Kathy is ready.

   a. _____

4. Describe two things Danny can do to help himself wait until Kathy is ready.

   a. _____

   b. _____

5. Describe one reason that *you* might not want to have sex. I might not want to have sex because...

   a. _____

6. Describe two things that *you* can say or do to delay having sex until you are ready.

   a. _____

   b. _____

Being Careful on the Couch

Guy Reads to Girl

Setting the stage:

You have decided that you don't want to have unprotected sex with your boyfriend. On this evening, you and your boyfriend have been watching TV. You decide to lie down on the couch together. You remember that this is exactly what happened the last 2 times you had sex without protection. The guy speaks first.

Guy: I love you.

Girl:

Guy: Don't worry, baby.

Girl:

Guy: But I'm sure this is a safe time; you can't get pregnant now.

Girl:

Guy: Anyhow, I think "Lady Luck" is watching over us.

Girl:

Guy: Well, I just don't want to give this up—it's too much fun.

Girl:

Guy: I promise we'll go get some protection for next time.

Girl:

Guy: What's wrong? Why change a good thing?

Girl:

Being Careful on the Couch

Girl Reads to Guy

Setting the stage:

You have decided that you don't want to have unprotected sex with your girlfriend. On this evening, you and your girlfriend have been watching TV. You decide to lie down on the couch together. You remember that this is exactly what happened the last 2 times you had unprotected sex without birth control. The girl speaks first.

Girl: I love you.

Guy:

Girl: Don't worry, baby.

Guy:

Girl: But I'm sure this is a safe time; I can't get pregnant now.

Guy:

Girl: Anyhow, I think "Lady Luck" is watching over us.

Guy:

Girl: Well, I just don't want to give up sex—it's too much fun.

Guy:

Girl: I promise we'll get some protection for next time.

Guy:

Girl: What's wrong? Why change a good thing?

Guy:

Name: _____ Date: _____

Observer Checklist

ROLE PLAY #

SKILLS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Relationship Building						
Delaying Tactic						

ORDER FORM

Title #	Title	Quantity	Code	Price	Total
359	Reducing The Risk - Teacher's Guide		REDUCE	$34.95	
368	Reducing The Risk - Student Workbook		RISK	$2.95	

Suggested Supplementary Reading Materials
Interactive Books to Enhance Decision-Making Skills

501	Too Soon For Sex? (Abstinence)		SOON	$3.95	
502	Taking Chances With Sex (Birth Control)		TAKING	$3.95	
503	Don't Let It Get Around (STD)		GET	$3.95	

Pamphlets

137	Birth Contol Facts		BCF	50 for $14.00, 200 for $48.00, 500 for $100, 1000 for $170.00	
138	Deciding About Sex: Abstinence		AB	50 for $14.00, 200 for $48.00, 500 for $100, 1000 for $170.00	
153	STD Facts		STD	50 for $14.00, 200 for $48.00, 500 for $100, 1000 for $170.00	

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ABOUT THE AUTHOR

Richard P. Barth, MSW, PhD, is Associate Professor, School of Social Welfare, University of California at Berkeley and Chair of the School Social Work Program. He has been a teacher and therapist for adolescents. He began teaching pregnancy prevention skills to adolescents in juvenile hall and has since taught in high schools and teenage parent programs. He is the author of *Social and Cognitive Treatment of Children and Adolescents* (Jossey-Bass 1986), *Adoption and Disruption* (Aldine 1988), *Preventing Abuse of Adolescents* (Lexington, in press) and numerous articles in child welfare, health and education journals. He is an editor for *Children and Youth Services Review* and the *Journal of Adolescent Research*. He has authored and evaluated life skills training programs to prevent child abuse and teenage parenthood.

Reducing the Risk: Building Skills to Prevent Pregnancy goes beyond the facts about abstinence and contraception and presents a powerful, active approach to teenage pregnancy prevention that motivates students to change their high-risk behaviors.

Based on a promising educational model that combines cognitive and social skill training, this carefully tested high school curriculum involves students in role-play situations that simulate those they are likely to encounter outside the classroom. The class activities and homework assignments prepare students to manage situations that might lead to sex or unprotected sex, and make the information about abstinence and contraception relevant to their daily lives.

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"Research shows it is necessary for educators to move from the abstract to the personal level to effectively reach students with critical prevention information. Reducing the Risk succeeds here by making information about abstinence and contraception crystal clear and personal for teenagers."

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Supplement the activities presented in *Reducing the Risk* with the "Sexuality Decision-Making Series for Teens" from Network Publications. These reader-participation books include *Too Soon For Sex?*, covering abstinence; *Taking Chances With Sex*, covering birth control; and *Don't Let It Get Around*, covering sexually transmitted disease.

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